

Swedish Hospital

Part of  NorthShore

2022 Community Health Needs Assessment

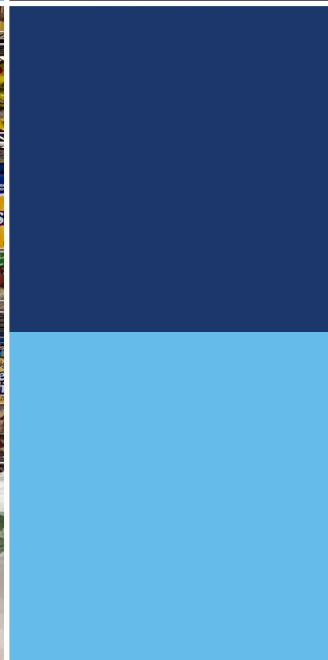
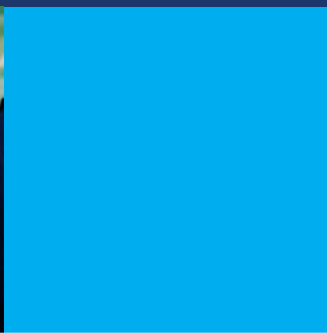
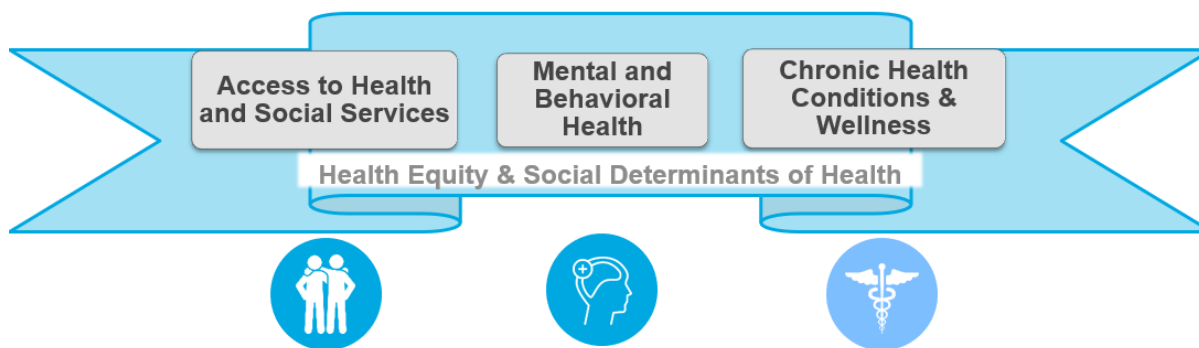


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Introduction

Swedish Hospital (Swedish) and members of the Alliance for Health Equity (AHE), a collaborative of over 30 hospitals partnering with health departments and community based organizations, worked together throughout 2021-2022 to build a comprehensive Community Health Needs Assessment (CHNA) in Chicago and Cook County. Swedish Hospital and the Alliance for Health Equity adapted the Mobilizing for Action through Planning and Partnerships (MAPP) model for the CHNA, emphasizing the importance of community engagement, partnership development, and both primary and secondary data. The Alliance for Health Equity chose this inclusive, community-driven process to leverage and align with health department assessments and to actively engage stakeholders, including community members, in identifying and addressing strategic priorities to advance health equity. Swedish Hospital worked with the Alliance for Health Equity and local community partners in the communities we serve to identify and prioritize the following health needs within our community through 2024:



Swedish will continue to partner with members of Alliance for Health Equity and other key community partners within our service area to leverage existing resources and develop strategies which contribute to improving the most pressing health needs of our communities. The corresponding Community Health Implementation Plan will describe programs Swedish is undertaking over the coming years to address the prioritized health needs within our community. To access the full collaborative Community Health Needs Assessment for Chicago and Suburban Cook Counties, please visit <https://allhealthequity.org/projects/2022-chna-report/>

Our Hospital

This CHNA was conducted by the Alliance for Health Equity and pertains to Swedish Hospital. Swedish Hospital is part of NorthShore—Edward-Elmhurst Health.

NorthShore—Edward-Elmhurst Health is a fully integrated healthcare delivery system committed to providing access to quality, vibrant, community-connected care, serving an area of more than 4.2 million residents across six northeast Illinois counties. Our more than 25,000 team members and more than 6,000 physicians aim to deliver transformative patient experiences and expert care close to home across more than 300 ambulatory locations and eight acute care hospitals – Edward (Naperville), Elmhurst, Evanston, Glenbrook (Glenview), Highland Park, Northwest Community (Arlington Heights), Skokie, and Swedish (Chicago) – all recognized as Magnet hospitals for nursing excellence. Located in Naperville, Linden Oaks Behavioral Health, provides for the mental health needs of area residents. NorthShore –Edward-Elmhurst Health desires to continue providing clinical programs and services to meet community health needs, while also pursuing continuous improvement in existing and future programs to improve the overall health of individuals in the communities it serves. As such, hospitals within the NorthShore—Edward-Elmhurst Health system conduct Community Health Needs Assessments (CHNA's) every three years, using primary and secondary data, to ensure

community benefit programs and resources are focused on significant health needs as perceived by the community at large, as well as alignment with NorthShore—Edward-Elmhurst Health’s mission, services, and strategic priorities.

This CHNA is focused on the communities served by Swedish Hospital. Edward-Elmhurst Health, NorthShore University HealthSystem (Evanston, Glenbrook, Highland Park and Skokie Hospitals) and Northwest Community Healthcare develop and release their own separate CHNAs.

Swedish Hospital - Services, Locations and Commitment to Community

Swedish Hospital serves the culturally-diverse residents of Chicago’s north and northwest side communities, with a full-service hospital campus located in Lincoln Square at the intersection of Foster and California Avenues. Swedish Hospital provides a full range of comprehensive health and wellness services including an acute care hospital, primary care and specialists in the medical group, strong community outreach programs and Chicago’s only certified medical fitness center, Galter LifeCenter.

Swedish offers more than 50 medical specialties with practices conveniently placed throughout hospital’s campus and on multiple sites throughout Chicago’s north side communities (including several Immediate Care Centers) to make care accessible to our patients, wherever they are.

Swedish maintains a department dedicated to addressing its outreach objectives of serving the entire community, not only those who come through its doors. Building on a long tradition of service, the Community Relations Department utilizes hospital strengths alongside those of other well-established community partners. This strategy allows Swedish to better understand and reach the most vulnerable sectors of the community, while meeting pressing healthcare needs. The goal is to improve the community’s health status by empowering citizens to make healthy life choices.

Our Commitment to Address Health Equity and Reduce Health Disparities

Diversity, equity and inclusion is at the core of who we are, being there for our patients and each other with compassion, respect and empathy. We believe that our strength resides in our differences and in connecting our best to provide community-connected healthcare for all.

We commit to:

- See, hear, and value all team members and patients
- Connect our best to serve our diverse communities
- Do everything we can to help you achieve your full potential in work, life, and health

We commit to accelerating:

Inclusion: The ability to be our authentic selves impacts our life, health and happiness. We are committed to making this a place where all team members and patients feel like they belong.

Opportunity: We are becoming a better reflection of the world we live in, investing in community partnerships and leadership development to enhance diversity across NorthShore.

Health Equity: We are addressing disparities in health and well-being, advancing access and patient outcomes across all the communities we serve.

Actions by Swedish Hospital to Advance Health Equity

- Regional Lead for CDPH's Healthy Chicago Equity Zone (North/Central Region)
- Leader of Chicago North Side Collaborative, a Healthcare Transformation Program
- Swedish Hospital Foundation's investments in mission-driven programs addressing health equity
- Accelerating system wide strategies for inclusion, opportunity, and health equity
- Improving collection and training on REAL data
- Racial Equity in Healthcare Progress Report (Illinois Health and Hospital Association, IHA)
- Integrating health equity into systemwide quality framework
- Improving collection of social determinants of health indicators
- Implicit bias training for care providers and team members
- Community Investment Fund Partners investing in community organizations to enhance health and wellbeing, advance health equity and support local economic growth

Swedish Hospital's Highlighted Community Initiatives

Swedish Hospital has a robust offering of community health and outreach programs designed to serve the needs of our diverse community. Highlights include:

- **Pathways**: The Pathways Program was developed to strengthen the hospital's ability to identify and assist patients who are survivors of interpersonal violence.
- **Food Connections**: The Food Connections Program was developed to strengthen the hospital's ability to address food insecurity and remove food access as a barrier to health.
- **Nutrition and Diabetes Center**: This program offers comprehensive education, resources and support to patients diagnosed with type 1 or type 2 diabetes, prediabetes, and gestational diabetes, as well as individual nutrition education to patients with various nutrition needs.
- **Community Outreach Registered Dietician (CORD)**: This community-facing dietician engages in educational activities, outreach and public benefit education and enrollment assistance.
- **Healthy Chicago Equity Zones (HCEZ)**: Swedish was awarded a grant via the City of Chicago to serve as Regional Lead for the North/Central area of the HCEZ initiative. This program began in the summer of 2021 and focuses on collaboratively working alongside trusted, local community organizations and leaders to identify and confront the social and environmental issues that contribute to health and racial inequity.
- **Chicago North Side Collaborative**: This Healthcare Transformation Program helps to reduce barriers to care and other disparities by embedding specialty care and other supportive services into local Federally Qualified Health Centers (FQHCs) thanks to IL Dept. of Healthcare and Family Services (HFS) Transformation Funding.

As part of the hospital's community outreach efforts, the Community Ambassador Program and the Community Leader Engagement Program allow Swedish to further connect with the community. Swedish initiated a Community Ambassador Program in FY16 which consists of employees throughout the organization who live in the local community and serve as liaisons to further build bridges among neighbors. Ambassadors engage in dialogue with schools, churches, cultural groups and other local organizations to learn more directly about the community's unique needs. Ambassadors share feedback and insight with the Community Relations Department which helps guide development of programming and education to serve the community.

Swedish established a Community Leader Engagement Program in FY17 as an extension of the Ambassador Program, to invite leaders from throughout the community to convene several times per year to discuss community health needs and ways to collaborate for the benefit of all. Together, the group has worked on the following health initiatives: head

injury prevention/bike helmet safety, bystander CPR and community wellness (fitness, nutrition, mind/body, prevention). This Community Leader group consists of more than 100 social service organizations, health care providers, elected officials, schools and others. Members include: Apna Ghar, Between Friends, Budlong Elementary School, Centro Romero, Chicago Police – 20th District, Common Pantry, Erie Family Health, The Friendship Center, HANA Center, Hamdard Health, Hatzalah, Heartland Health Centers, ICNA Relief, Lutheran Social Services, Neighborhood Boys and Girls Club and Rohingya Culture Center.

As part of the CHNA process, Swedish's Community Leader group met with hospital leaders and the Alliance for Health Equity staff to provide feedback on initial findings and priorities from the CHNA. Additionally, various organizations from the Community Leader group were active contributors to focus groups related to health care providers and social services, including immigrant and refugee-serving organizations.

Swedish Hospital's Participation in the Alliance for Health Equity

The Alliance for Health Equity (AHE) is a partnership between the Illinois Public Health Institute (IPHI), hospitals, health departments, and community organizations across Chicago and Cook County. This initiative is one of the largest collaborative hospital-community partnerships in the country with the current involvement of 30+ nonprofit and public hospitals, seven local health departments, and representatives of more than 100 community organizations serving on action teams. The Alliance for Health Equity is a collaboration of Chicago and Cook County-based hospitals that strives to promote a collective impact on health outcomes in the city of Chicago through an environment that fosters learning, sharing of resources, data and best practices. They are also the driving force to facilitate and execute the Community Health Needs Assessment (CHNA) for their hospital members. Swedish has been an active member of the Alliance for Health Equity since June of 2017 when the Health Impact Collaborative of Cook County and the Healthy Chicago Hospital Collaborative merged to form the Alliance for Health Equity. Several Swedish employees participate as active, engaged members of the following committees and workgroups:

- Steering Committee
- CHNA Committee
- Policy Committee
- Trauma-Informed Hospitals Collaborative
- Mental Health and Substance Use Disorders Committee
- Social and Structural Determinants of Health Committee
 - o Subcommittee: Food Security/Food Access Workgroup
 - o Subcommittee: Housing and Health Workgroup

Communities We Serve (Service Area)

Swedish's community, as defined for the purposes of the Community Health Needs Assessment, includes each of the residential ZIP Codes that comprise the hospital's Primary Service Area (PSA) and Secondary Service Area (SSA): 60613, 60618, 60625, 60626, 60630, 60640, 60641, 60645, 60646, 60659, 60660 and 60712, as shown in the map in Figure 1. These zip codes encompass fourteen community areas in Chicago—Albany Park, Avondale, Edgewater, Forest Glen, Irving Park, Jefferson Park, Lake View, Lincoln Square, North Center, North Park, Portage Park, Rogers Park, Uptown, West Ridge—and the village of Lincolnwood. This community definition was determined because most Swedish's patients originate from these areas.

The total population in Swedish's service area is 686,000. In the service area, 25% of the population identifies as Hispanic/Latinx and 75% Non-Hispanic. Fifty-three percent of the population identifies as white, 10% Asian, 8%

Black/African American, 3% identifies as two or more races, and less than 1% as Native American (Figure 2). The age distribution for the service area is shown in Figure 3.

Figure 1. Map of Swedish Hospital's CHNA service area

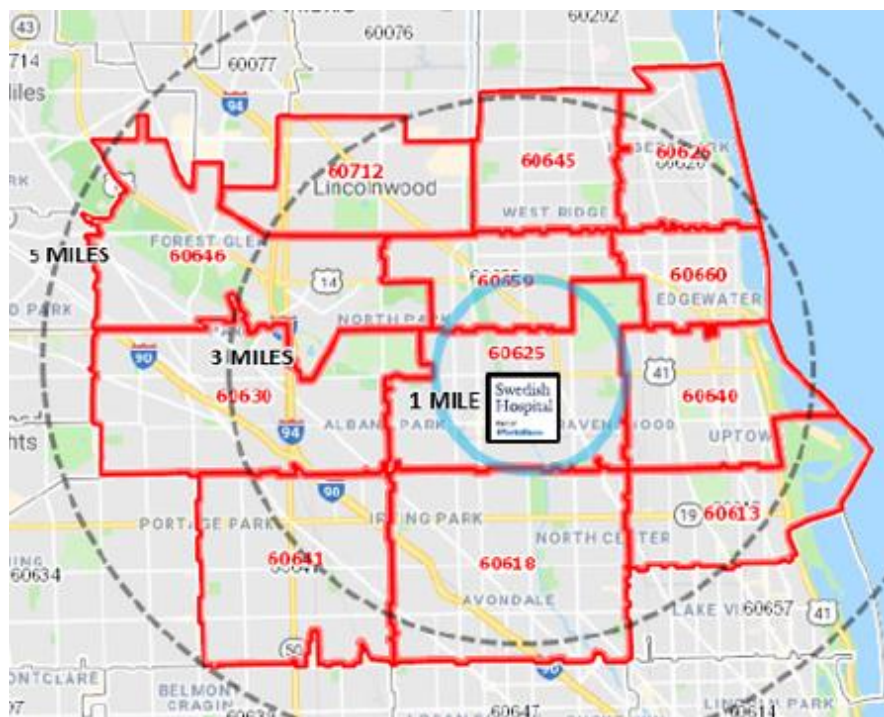
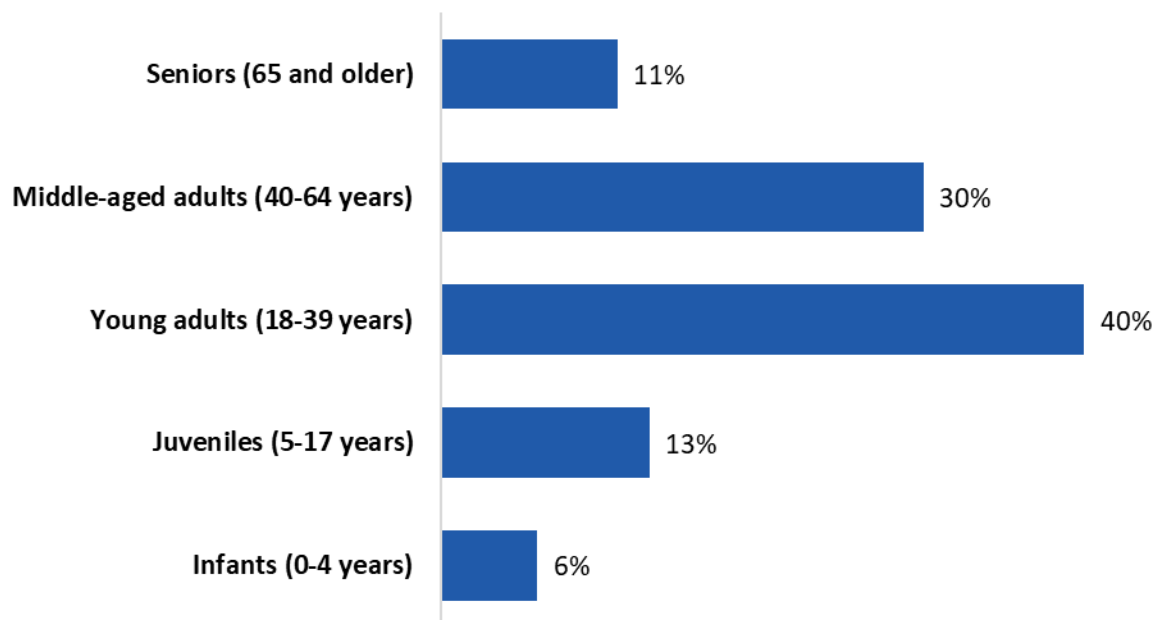


Figure 3. Age distribution, Swedish Hospital's service area, 2016-2020

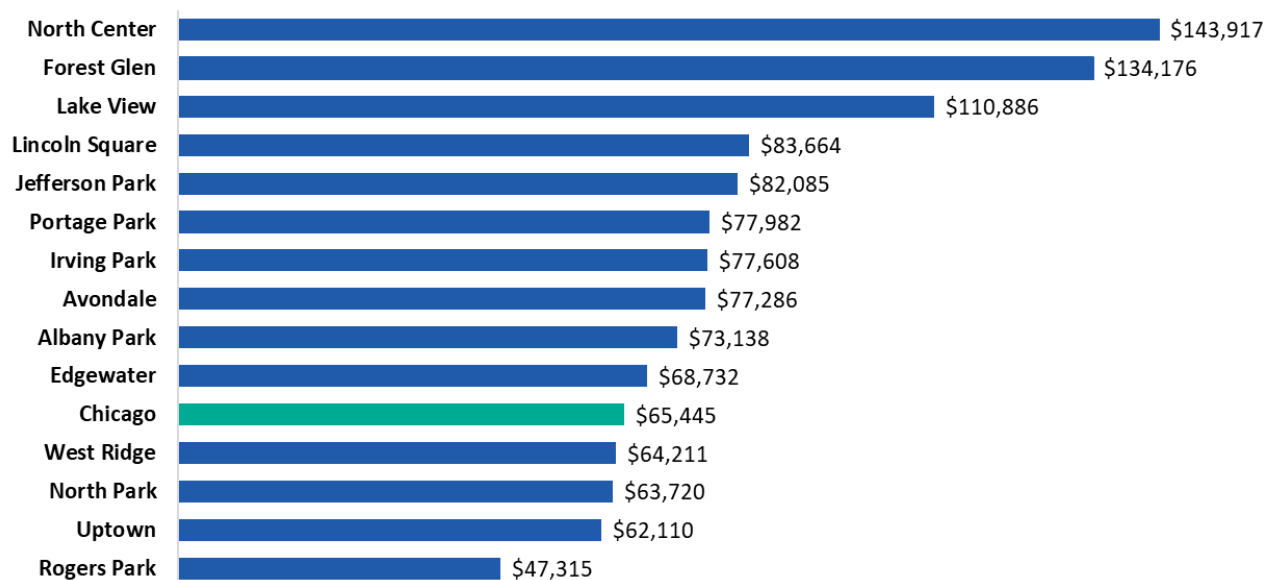


US Census, American Community Survey, 2016-2020

There is substantial variation in median income within Swedish's service area (Figure 4). The median income in Rogers Park (\$47,315) is nearly \$100,000 less than the median income in North Center. In addition, poverty rates are highest in Rogers Park and Uptown.

Figure 4. Median household income in Swedish Hospital's service area

There are significant inequities in median household income



U.S. Census Bureau, American Community Survey, 2016-2020

Swedish Hospital serves a remarkably diverse population, and many of the community areas are home to large immigrant and refugee populations. Five of the 14 community areas within Swedish’s service area have a limited English-speaking population of 10% or greater (Figure 5).

Figure 5. Percentage of population that is limited English-speaking in Swedish Hospital’s service area

Limited English-Speaking Population	Percentage
Lake View	1%
North Center	1%
Forest Glen	4%
Lincoln Square	6%
Rogers Park	6%
Edgewater	7%
Uptown	7%
Chicago (citywide)	7%
Jefferson Park	8%
North Park	9%
Irving Park	10%
Portage Park	10%
Avondale	12%
West Ridge	12%
Albany Park	17%

U.S. Census Bureau, American Community Survey, 2016-2020

Summary of Collaborative Needs Assessment Results and Data Specific to Swedish Hospital’s Service Area

Summary of Collaborative Health Equity Approach to CHNA

The Alliance for Health Equity’s collaborative CHNA combined robust public health data, community input, existing research, existing plans, and existing assessments to document the health status of communities within Chicago and Suburban Cook County and to highlight systemic inequities that are negatively impacting health. The CHNA also provided insight into community-based assets and resources that would benefit from support and leverage during the implementation of health improvement strategies.

Swedish Hospital partnered with the Alliance for Health Equity (AHE), other hospitals, the Chicago Department of Public Health, Cook County Department of Public Health, and community organizations to complete this collaborative CHNA between March 2021 and March 2022, during a time that communities across our county, country, and globe have been experiencing profound impacts from the COVID-19 pandemic. The **health, economic, and social impacts of the pandemic** are strongly present in what we heard from community members and healthcare and public health workers over the course of the assessment.

Primary and secondary data from a diverse range of sources were utilized for robust data analysis and to identify community health needs in Chicago and Suburban Cook County. IPHI worked with the CHNA committee and steering committee to design and facilitate a collaborative, community-engaged assessment. As with the 2018-2019 collaborative CHNA, this 2022 CHNA process is adapted from the Mobilizing for Action through Planning and Partnerships (MAPP) framework, a community-engaged strategic planning framework that was developed by the National Association for

County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). Both the Chicago and Cook County Departments of Public Health use the MAPP framework for community health assessment and planning. The MAPP framework promotes a system focus, emphasizing the importance of community engagement, partnership development, and the dynamic interplay of factors and forces within the public health system. AHE chose this inclusive, community-driven process to leverage and align with health department assessments and to actively engage stakeholders, including community members, in identifying and addressing strategic priorities to advance health equity.

Primary data for the CHNA was collected through three methods:

- *Community input surveys*
- *Community resident focus groups*
- *Social service provider focus groups*

Epidemiologists from the Cook County Department of Public Health (CCDPH) and Chicago Department of Public Health (CDPH) and Metopio are invaluable partners in identifying, compiling, and analyzing secondary data for the CHNA. IPHI and the Alliance for Health Equity steering committee worked with CDPH and CCDPH to refine a common set of indicators based on an adapted version of the County Health Rankings and Roadmaps Model. Secondary data used in the CHNA were compiled from a range of sources. Additional information can be found in Figures 6 and 7 (p. 11) of the full [Alliance for Health Equity Countywide CHNA report](#).

In alignment with the purpose, vision, and values, the Alliance for Health Equity prioritizes engagement of community members and community-based organizations as a critical component of assessing and addressing community health needs.

Community partners have been involved in the assessment and ongoing implementation process in several ways both in providing community input and in decision making processes (page 9 of [Countywide CHNA Report](#)). The community-based organizations engaged in the Alliance for Health Equity represent a broad range of sectors such as workforce development, housing and homeless services, food access and food justice, community safety, planning and community development, immigrant rights, youth development, community organizing, faith communities, mental health services, substance use services, policy and advocacy, transportation, older adult services, health care services, higher education, and many more. All community partners work with or represent communities that are disproportionately affected by health inequities such as communities of color, immigrants, youth, older adults and caregivers, LGBTQ+, individuals experiencing homelessness or housing instability, individuals living with mental illness or substance use disorders, individuals with disabilities, veterans, and unemployed youth and adults.

Overview of Data Categories

Assessment findings were organized in six areas:

- overview of health inequities
- mental health and substance use disorders
- access to quality health care and community resources
- COVID-19
- social and structural determinants of health
- chronic conditions – risk factors, prevention, and management

The following section highlights primary and secondary data related specifically to Swedish's service area.

Primary Data: Community Input Survey and Focus Groups

Community input is the most important data input into the Alliance for Health Equity Community Health Needs Assessment. Particularly in the context of the current COVID-19 pandemic, first-hand information from communities most impacted by inequities is the most up-to-date data we have available about priority community health needs. Swedish Hospital (Swedish) worked closely with the AHE and community-based organizations that are members of Swedish's Community Leader Program to collect in-depth community input data through a community input survey and focus groups. **We collected 1108 surveys** and conducted 8 focus groups with residents from Swedish's service area.

Community Input Survey

The community input survey was a qualitative tool designed to understand community health needs and assets from community members, with a focus on hearing from community members most impacted by health inequities. The community input surveys, along with focus group data, informed the priority areas and strategies for community health improvement in Chicago and suburban Cook County. There were 1108 survey respondents from Swedish's service area. Figure 6 is a table of survey respondent demographics. Responses to key questions are included in Figures 6-9.

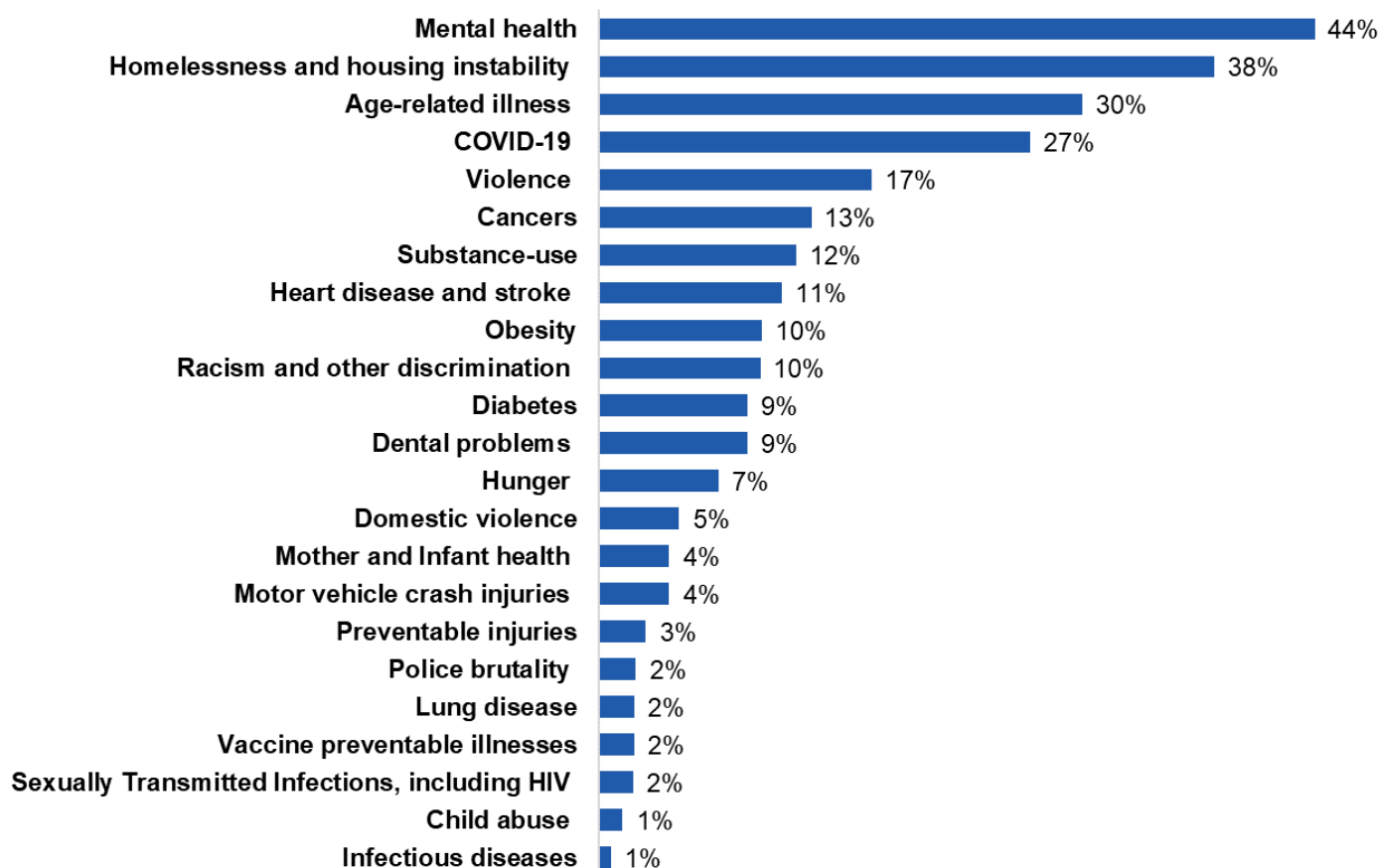
Figure 6. Demographics of community input survey respondents

DEMOGRAPHICS -- CHICAGO SURVEY RESPONDENTS			
Age of Respondents	Percent	Educational Attainment	Percent
Younger than 18	2.1	Less than High School	3.5
18 to 34	15.4	High School Diploma or Equivalent	5.6
35 to 64	48.4	Some College	14.7
65 and older	34.2	College Graduate or Higher	76.2
Race/Ethnicity	Percent	Household includes Children (Aged <18 Years)	Percent
White Only	58.9	No	76.6
African American/Black Only	14.7	Yes	23.4
Latinx/Hispanic Only	13.3	Household includes Individual with a Disability	Percent
Asian Only	5.6	No	82.5
American Indian or Alaskan Native Only	0.2	Yes	17.5
Middle Eastern, Arab American, or Persian Only	0.5	Language of Survey	Percent
Pacific Islander or Hawaiian Native Only	0.3	English	96.8
Other	0.4	Spanish	3.2
Two or More Race/Ethnicities	6.2		
Respondent Identified as LGBTQ+	Percent		
No	88.7		
Yes	11.3		

Figure 7. Community input survey responses – Most important health needs in Swedish Hospital’s service area

What are the most important health needs in your community? (n=1108)	Top responses selected by 15% or more of respondents
Mental health	44%
Homelessness and housing instability	38%
Age-related illness	30%
COVID-19	27%
Violence	17%

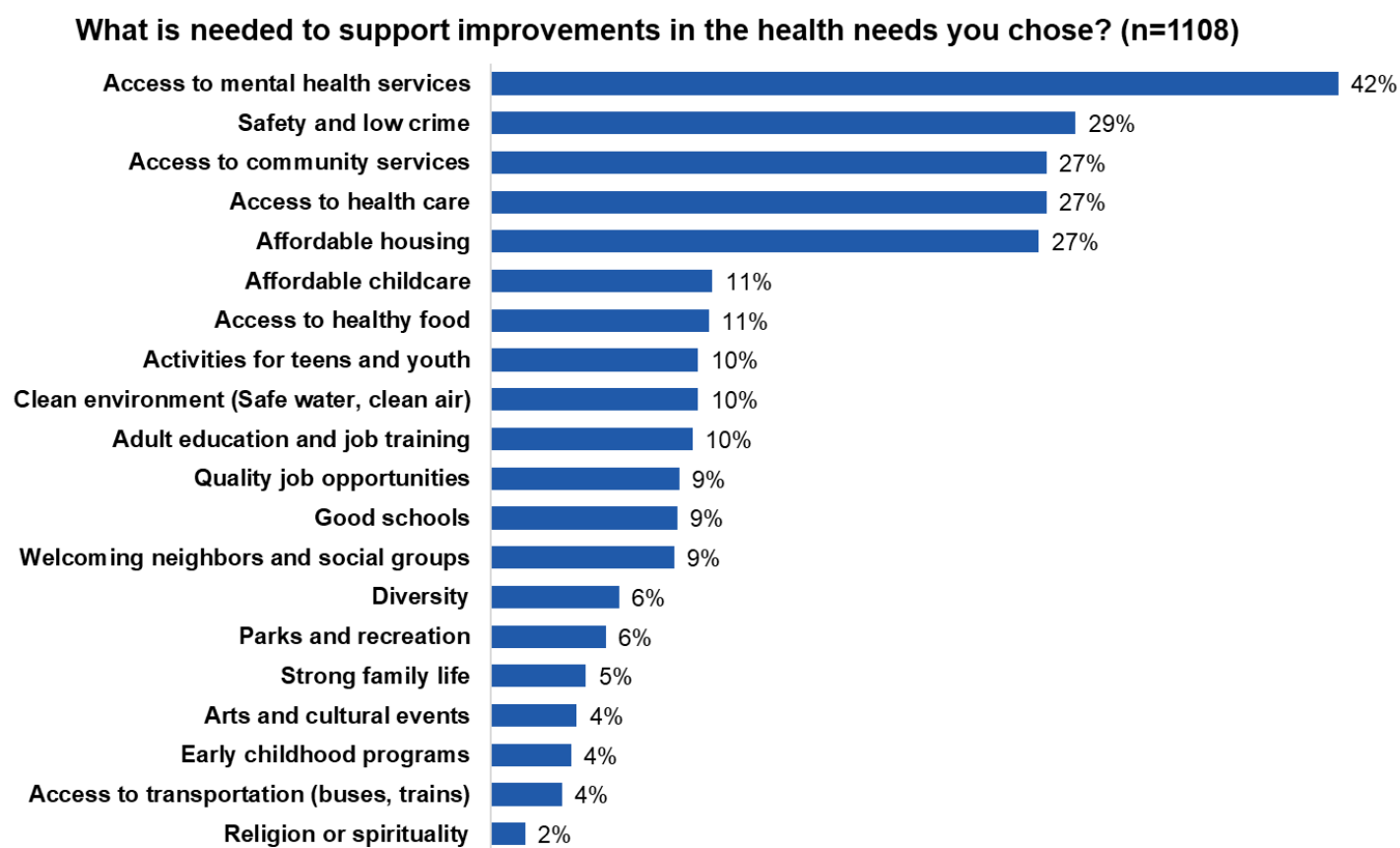
What are the most important health needs in your community? (n=1108)



The top health needs identified in Swedish’s service area are closely aligned with priority health needs identified for the county as whole. However, mental health was ranked second for the overall county and first within Swedish’s service area.

Figure 8. Community input survey responses – What is needed to support improvements in health needs in Swedish Hospital’s service area

What is needed to support improvements in the health needs you chose? (n=1108)	Top responses selected by 20% or more of respondents
Access to mental health services	42%
Safety and low crime	29%
Access to community services	27%
Access to healthcare	27%
Affordable housing	27%

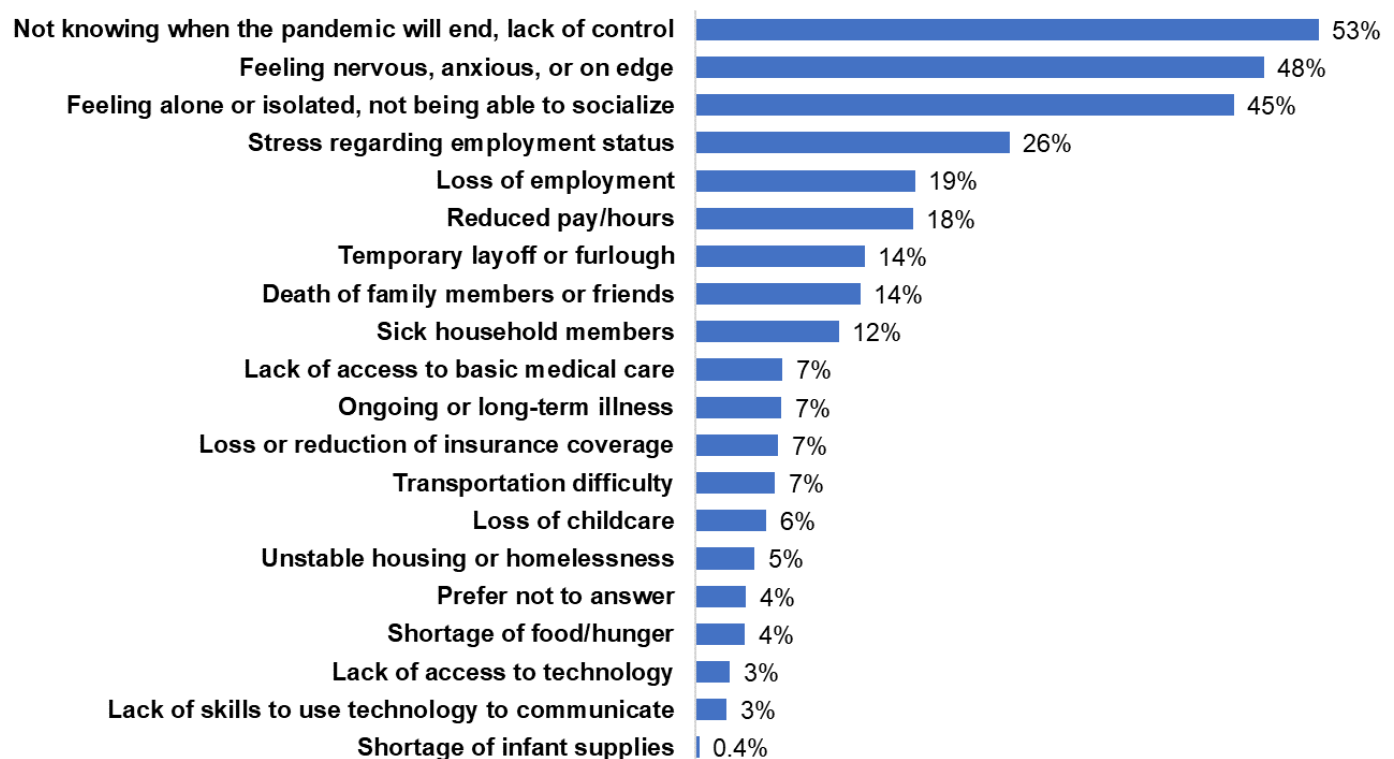


The supports needed to improve health needs within the service area are reflective of the top health needs identified. As a result, access to mental health services was identified as most needed improvement followed by access to healthcare, access to community services, safety and low crime, and affordable housing.

Figure 9. Community input survey responses – COVID-19 impacts in Swedish Hospital’s service area

The COVID-19 pandemic is challenging in many ways. Did anyone in your household experience any of the following due to the COVID-19 pandemic (n=1108)	Top responses selected by 15% or more of respondents
Not knowing when the pandemic will end, lack of control	53%
Feeling nervous, anxious, or on edge	48%
Feeling alone or isolated, not being able to socialize with other people	45%
Stress regarding employment status	26%
Loss of employment	19%
Reduced pay/hours	18%

The COVID-19 pandemic is challenging in many ways. Did anyone in your household experience any of the following due to the COVID-19 pandemic? (n=1108)



Focus Groups

Between August 2021 and February 2022, the Illinois Public Health Institute (IPHI) worked with Alliance for Health Equity partners to hold a total of 43 focus groups with priority populations such as veterans, individuals living with mental illness, communities of color, older adults, caregivers, teens and young adults, LGBTQ+ community members, adults and teens experiencing homelessness, families with children, faith communities, adults with disabilities, and children and adults living with chronic conditions such as diabetes and asthma. In total, eight focus groups were held with community members and service providers in Swedish's service area.

Community Resident Focus Groups:

- AHS Family Health Center
- Community Health Workers (CHWs) (citywide)
- Community members that identify as LGBTQIA+
- Immigrant and refugee-serving organizations
- NAMI Chicago (individuals with lived experience of mental illness)
- NAMI Chicago (family members and caregivers of individuals living with mental illness)
- Northwest Side Housing Center (youth)
- Northwest Side Housing Center (parents)

There were five major themes identified based on the focus group input collected from across the county:

- **Behavioral health** – stigma, substance use, trauma and crisis, social determinants of health and integrated care
- **Child and adolescent health** – childcare, education, COVID-19 impacts on child and adolescent health, programs, and services
- **Healthcare** – insurance and public benefits, local access to services, LGBTQIA+ affirming care, primary care access, and culturally and linguistically appropriate care
- **Social and structural determinants of health** – income, employment, education, opportunities for youth, housing and homelessness, and food systems; and
- **Chronic conditions** – socioeconomic causes, health behaviors, access and communication, obesity, asthma, hypertension, and diabetes.

An overall description of the themes is included in Figure 10.

In addition to the five overall themes, there were four cross-cutting topics identified that are pervasive and impact health across the spectrum of concerns:

- **Racism and discrimination**
- **COVID-19**
- **Safety and violence**
- **Community cohesion**

Figure 10. Descriptions of key themes discussed by focus group participants

Theme	Descriptions of top issues discussed	Examples quotes from Swedish Hospital's service area
Mental health and behavioral health	<ul style="list-style-type: none"> Increased wholistic integrated care Increased awareness and treatment of substance use disorders Mental health crises – improved education about crises and how to address safely Reducing stigma Improving overall access to behavioral health treatment COVID-19 has had profound impacts on mental health (mostly negative), children and adolescents have experienced a large burden of the negative impacts Addressing the connections between mental health and other determinants of health 	<p>“Awareness and education surrounding mental illness, so people can better help when it comes to deescalating a crisis” Response from a NAMI Chicago focus group participant to a question about community health needs</p>
Child and adolescent health	<ul style="list-style-type: none"> More programs and services are needed for children and adolescents in communities particularly after the closure of services following COVID-19 Affordable childcare is scarce Inequities in education COVID-19 impacts Child and adolescent behavioral health needs are continuing to increase Overall child and adolescent health is a priority across communities 	<p>“Well, ever since the pandemic we have seen a lot of suicide at an international level across all ages” Northwest Side Housing Center parent focus group participant</p>
Healthcare	<ul style="list-style-type: none"> Several factors influence access <ul style="list-style-type: none"> Ease of access to health clinics Insurance coverage and public benefits Immigration status Linguistically and culturally appropriate services Bureaucracy that requires extensive paperwork and approvals before accessing care Discrimination, racism, and lack of empathy among healthcare professionals are impacting access and quality of care Several additional healthcare needs discussed <ul style="list-style-type: none"> Behavioral health services Affordable specialty care Engagement in primary care Telehealth coverage Expanded use of CHWs and in-home health promoters/health services Building trust with communities Better communication about resources Transportation to appointments 	<p>“Immigrants are taking expired medication they brought from home because they cannot access medical care” AHS Family Health Center focus group participant</p>
Social and structural determinants of health	<ul style="list-style-type: none"> Some of the most discussed needs included: <ul style="list-style-type: none"> Access to affordable and supportive housing Access to healthy foods, farmers markets, and grocery stores Quality education Affordable childcare Economic opportunity and community investment Improved infrastructure Environmental health 	<p>“Rent prices are increasing. There are families who must share an apartment” Northwest Side Housing Center focus group participant</p>
Chronic conditions	<ul style="list-style-type: none"> Obesity, diabetes, and hypertension were common chronic conditions mentioned by participants Several health behaviors and social determinants are contributing to chronic disease <ul style="list-style-type: none"> Inactivity in youth and young adults Inadequate access to healthy foods Cost of medical care Smoking COVID-19 infection is causing complications for those with chronic conditions 	<p>“Chronic health issues communities are facing come from diet and access to healthy and affordable foods” Rush Community Health Worker focus group participant</p>

Secondary Data

The key highlights below highlight data pertaining to life expectancy, health behaviors, chronic diseases, community safety, and mental health within the Swedish's service area. This data was collected and analyzed by Chicago Department of Public Health (CDPH) and compiled and presented by the Illinois Public Health Institute (IPHI).

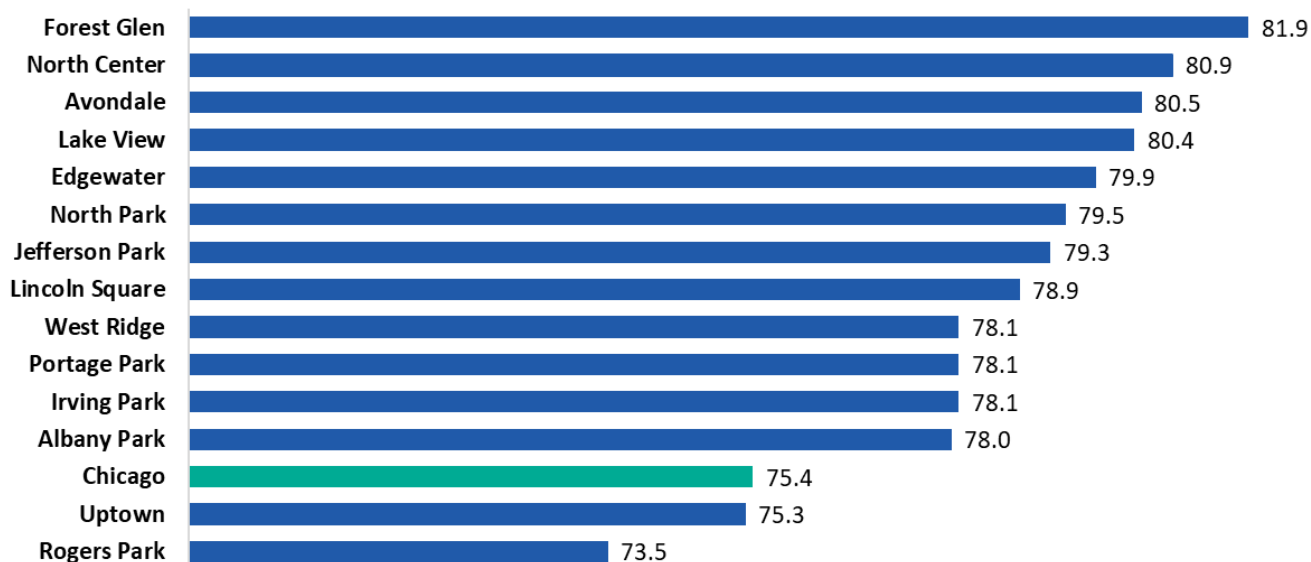
Health Expectancy and Overall Health Status

Life Expectancy

Life expectancy is the average number of years an individual is expected to live. As seen in Figure 11, there are disparities in life expectancy within Swedish Hospital's service area. Life expectancy in Rogers Park (73.5) is more than eight years less than life expectancy in Forest Glen (81.9). For comparison, life expectancy in Chicago is 75.4 and life expectancy in the US overall is 78.8 years.

Figure 11. Life expectancy at birth within Swedish Hospital's service area in years

Life expectancy varies by as much as eight years based on community area of residence



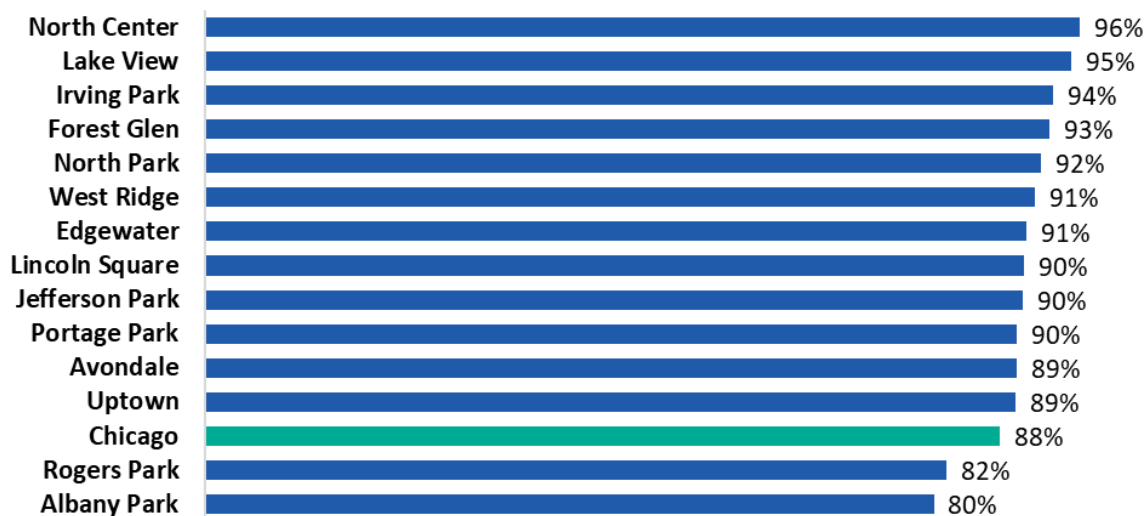
Chicago Department of Public Health, Chicago Health Atlas, 2016-2020

Health status

There are significant inequities in the percentage of people reporting excellent, very good, and good overall health status in Swedish's service area (Figure 12). Rogers Park and Albany Park have the lowest percentage of community members reporting good health.

Figure 12. Percentage of adults reporting excellent, very good, or good overall health status

Albany Park and Rogers Park have the lowest percentage of community members reporting good overall health



Chicago Department of Public Health, Healthy Chicago Survey 2020-2021

Health Behaviors – Key Findings

There are five key health behaviors that are strongly correlated with chronic disease outcomes: smoking, physical activity, alcohol consumption, body weight, and sufficient daily sleep. Some communities in Chicago face significant barriers to engaging in preventative health behaviors such as access to safe exercise spaces, access to healthy affordable foods, and access to mental health and substance use disorder treatment. The status of health behaviors for communities in Swedish's service area are presented in Figures 13-17.

Figure 13. Percentage of adults that have easy access to fruits and vegetables in Swedish Hospital's service area

Easy access to fruit and vegetables	Percent
Albany Park	79%
Avondale	64%
Chicago	88%
Edgewater	85%
Forest Glen	83%
Irving Park	68%
Jefferson Park	65%
Lake View	83%
Lincoln Square	87%
North Center	81%
North Park	81%
Portage Park	75%
Rogers Park	68%
Uptown	77%
West Ridge	72%

Figure 14. Percentage of adult smokers in Swedish Hospital's service area

Smoking	Percent
Albany Park	10%
Avondale	10%
Chicago	12%
Edgewater	12%
Irving Park	10%
Jefferson Park	20%
Lake View	6%
Lincoln Square	4%
North Center	11%
Portage Park	12%
Rogers Park	12%
Uptown	9%
West Ridge	8%
Forest Glen	Not available
North Park	Not available

Chicago Department of Public Health, Healthy Chicago Survey (2020-2021)

Figure 15. Percentage of adults who report binge drinking (men having 5 or more drinks on one occasion, women having 4 or more drinks on one occasion) in the past month in Swedish Hospital's service area

Binge Drinking	Percent
Albany Park	25%
Avondale	43%
Chicago	35%
Edgewater	32%
Forest Glen	32%
Irving Park	31%
Jefferson Park	33%
Lake View	53%
Lincoln Square	41%
North Center	59%
North Park	18%
Portage Park	34%
Rogers Park	35%
Uptown	40%
West Ridge	30%

Chicago Department of Public Health, Healthy Chicago Survey (2020-2021)

Figure 16. Percentage of adults who reported a height and weight that yield a body mass index of 30 or greater in Swedish Hospital's service area

Obesity	Percent
Albany Park	26%
Avondale	24%
Chicago	33%
Edgewater	27%
Forest Glen	33%
Irving Park	27%
Jefferson Park	31%
Lake View	18%
Lincoln Square	28%
North Center	23%
North Park	20%
Portage Park	35%
Rogers Park	36%
Uptown	20%
West Ridge	27%

Chicago Department of Public Health, Healthy Chicago Survey (2020-2021)

Figure 17. Percentage of adults who reported that they did not participate in any physical activities or exercises in the past month

Physical activity	Percent
Albany Park	27%
Avondale	27%
Chicago	25%
Edgewater	21%
Forest Glen	19%
Irving Park	24%
Jefferson Park	23%
Lake View	9%
Lincoln Square	18%
North Center	14%
North Park	25%
Portage Park	24%
Rogers Park	26%
Uptown	23%
West Ridge	29%

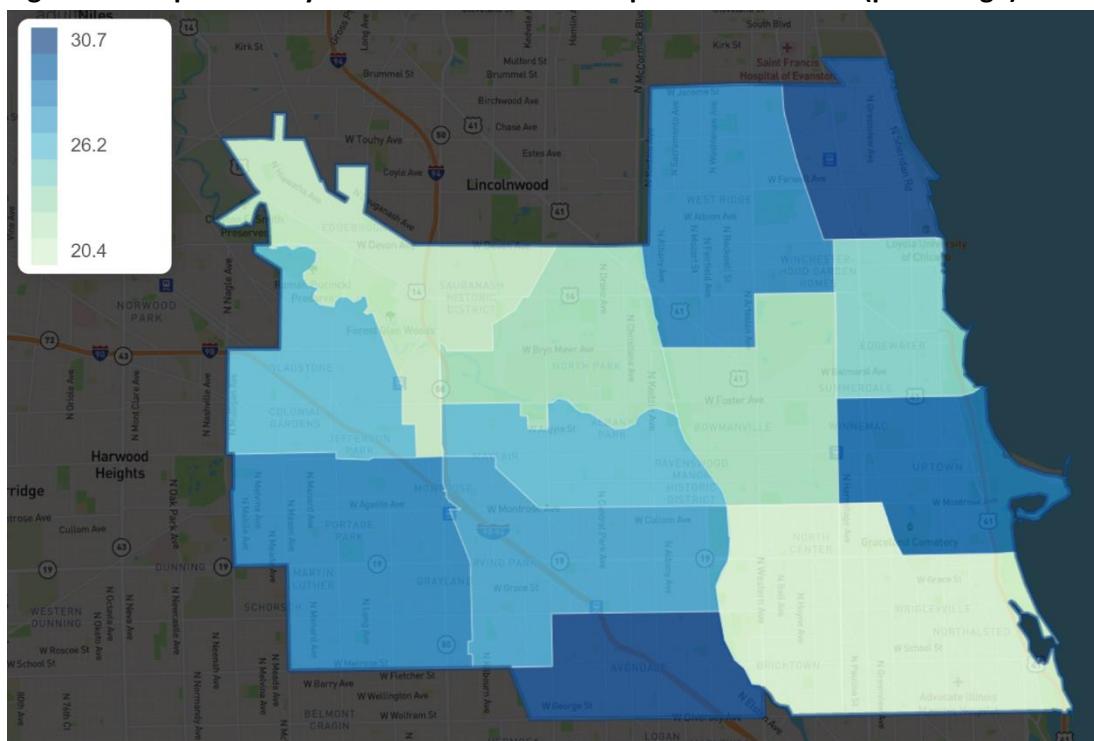
Chicago Department of Public Health, Healthy Chicago Survey (2020-2021)

Chronic Conditions – Key Findings

A chronic condition is an ongoing physical or mental health condition that lasts a year or more, requires ongoing medical attention, and/or limits activities of daily living. Worldwide and in the United States chronic diseases are the leading cause of disability and death. Chronic conditions such as heart disease, stroke, cancer, diabetes, arthritis, asthma, mental illness, and HIV/AIDS create a significant health and economic cost for individuals and communities. Prevention and management of chronic conditions can significantly reduce the burden of these diseases on individuals and society.

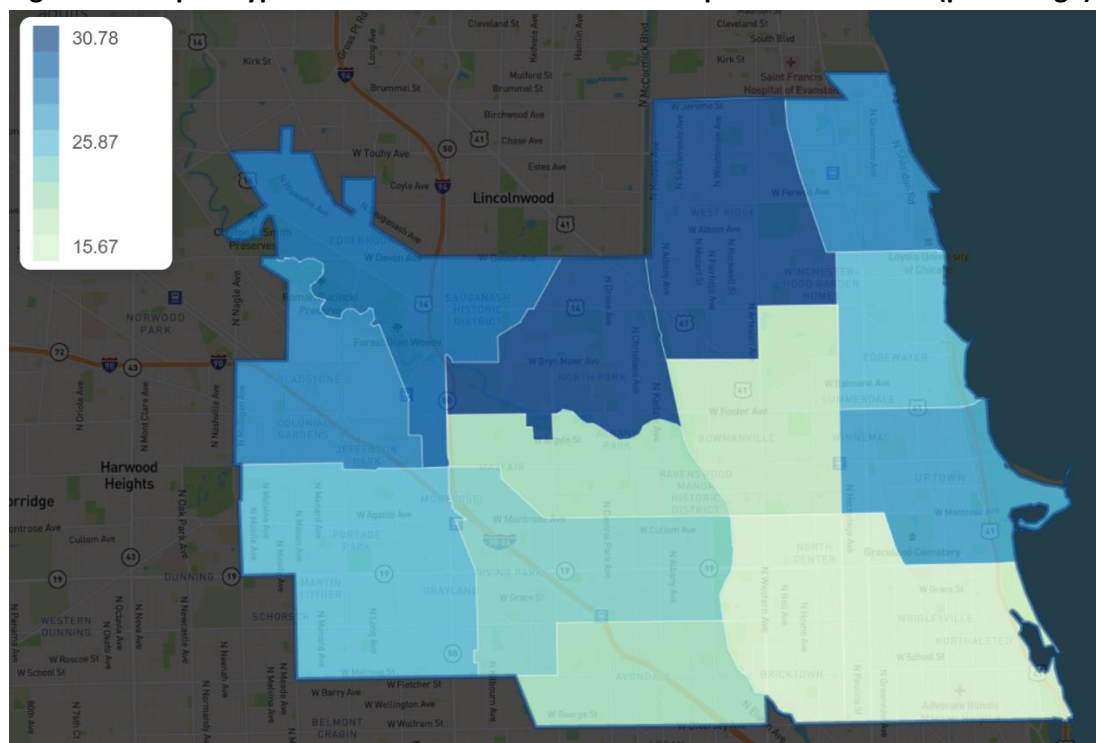
Obesity and hypertension are often interconnected risk factors for cardiovascular disease, the leading cause of death in the U.S. Within Swedish's service area, more than a quarter of community members are reported to be obese. Similarly, approximately a quarter of adults within the service area are reported to have hypertension. There is significant variation between community areas in obesity and hypertension rates (Figures 18-19).

Figure 18. Map of obesity rates within Swedish Hospital's service area (percentage)



Behavioral Risk Factor Surveillance System (BRFSS) (State and US data), Diabetes Atlas (County level data), PLACES, 2019

Figure 19. Map of hypertension rates within Swedish Hospital's service area (percentage)

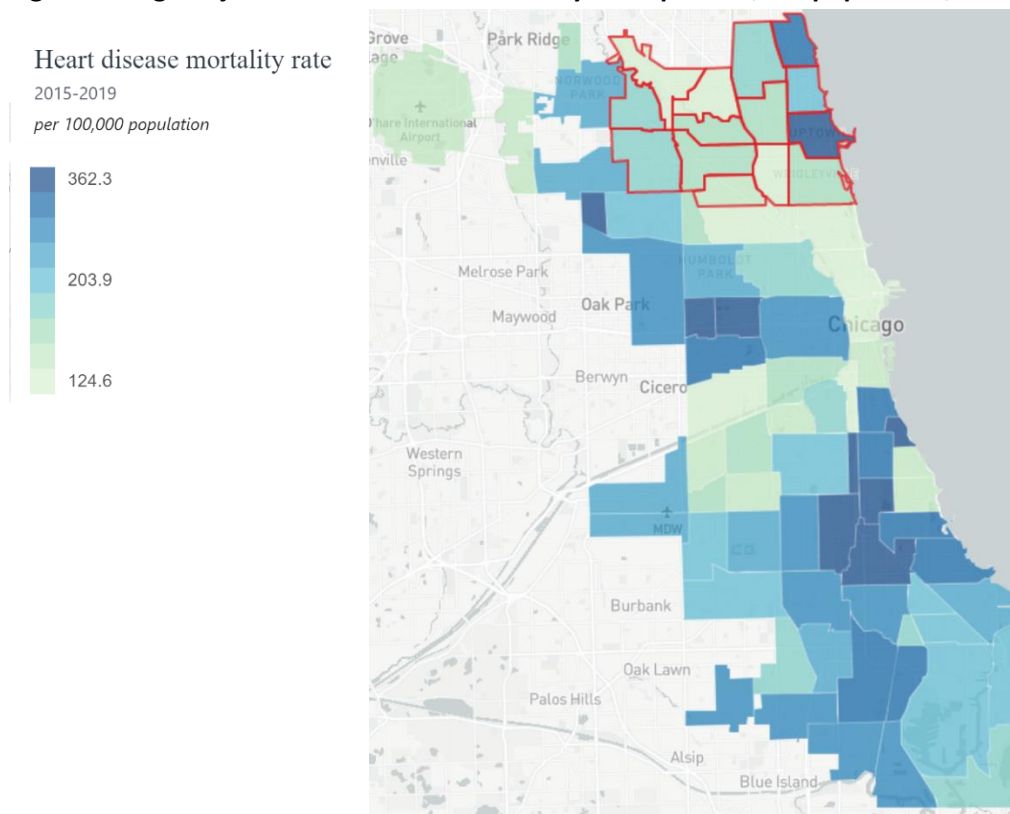


Behavioral Risk Factor Surveillance System (BRFSS) (State and US data), Diabetes Atlas (County level data), PLACES, 2019

Mortality

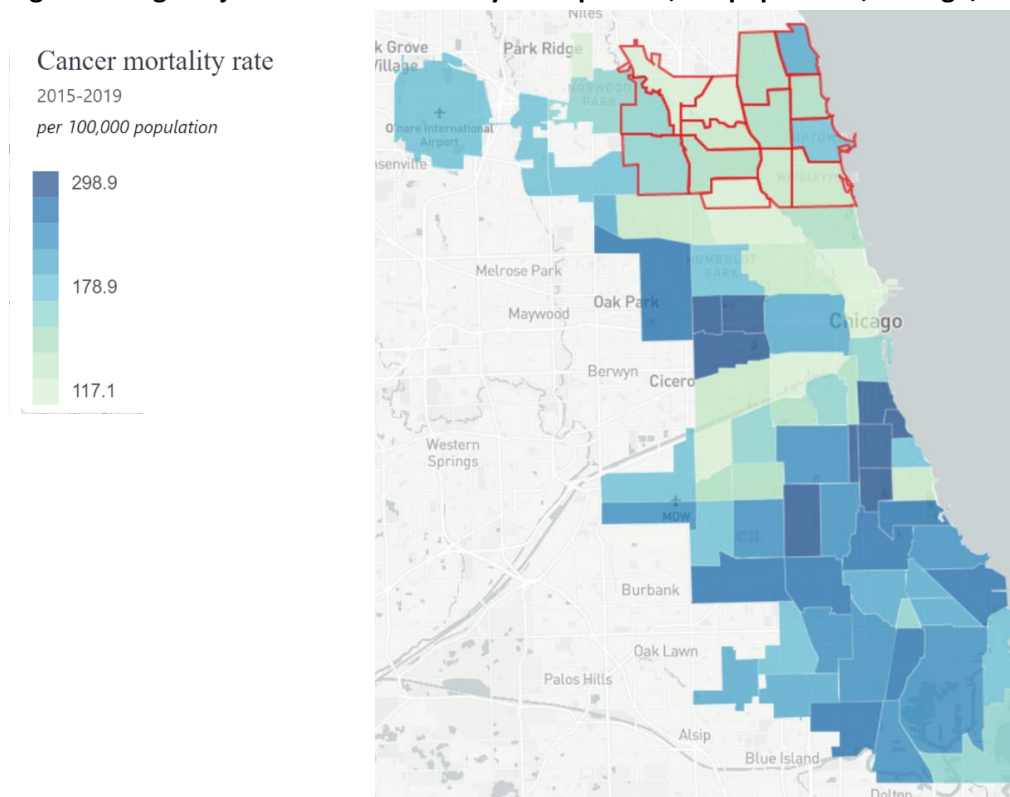
Centers for Disease Control and Prevention (2021) data indicate that heart disease, cancer, and diabetes are the leading causes of death in the U.S. and are the leading drivers of the nation's 3.8 trillion in annual healthcare costs. The geographic distribution of chronic disease mortality rates for heart disease, cancer, and diabetes are presented in Figures 20-22. (Here we present mortality maps showing all communities in the City of Chicago to show the communities served by Swedish in context with the City overall.)

Figure 20. Age-adjusted heart disease mortality rates per 100,000 population, Chicago, Illinois



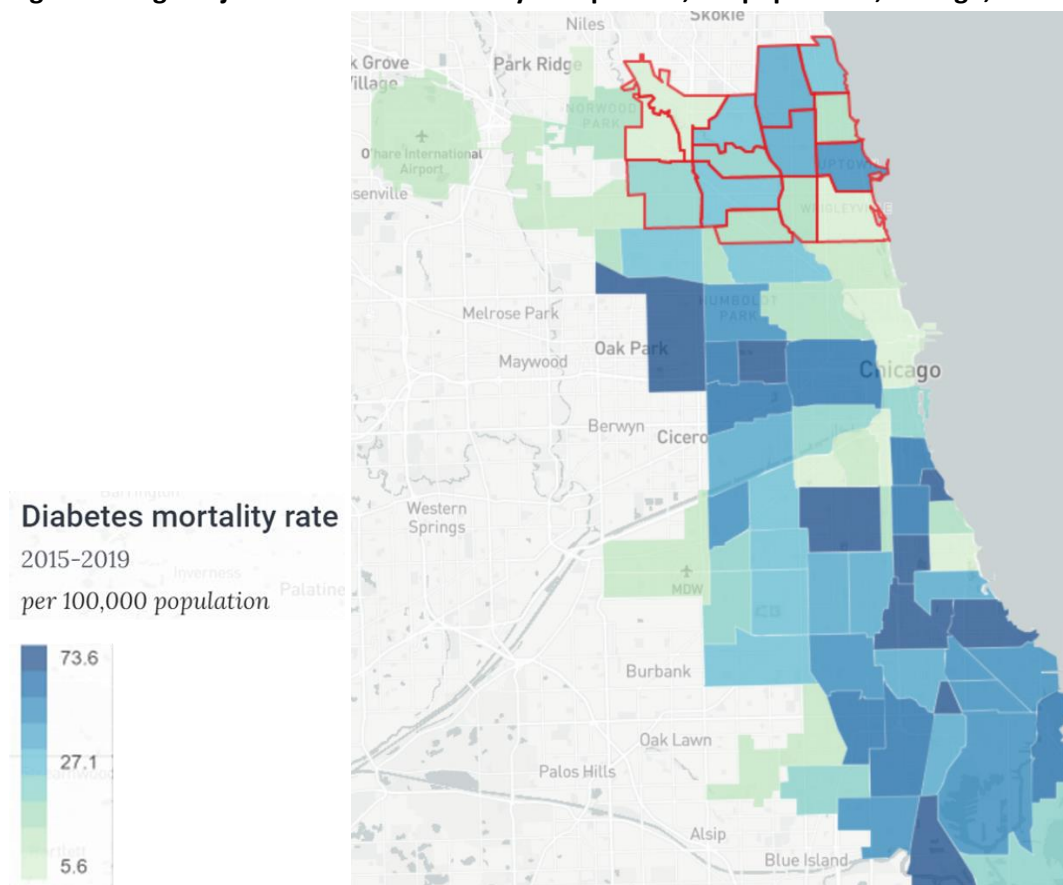
Illinois Department of Public Health, Death Certificate Files 2015-2019

Figure 21. Age-adjusted cancer mortality rates per 100,000 population, Chicago, Illinois



Illinois Department of Public Health, Death Certificate Files 2015-2019

Figure 22. Age-adjusted diabetes mortality rate per 100,000 population, Chicago, Illinois



Illinois Department of Public Health, Death Certificate Files 2015-2019

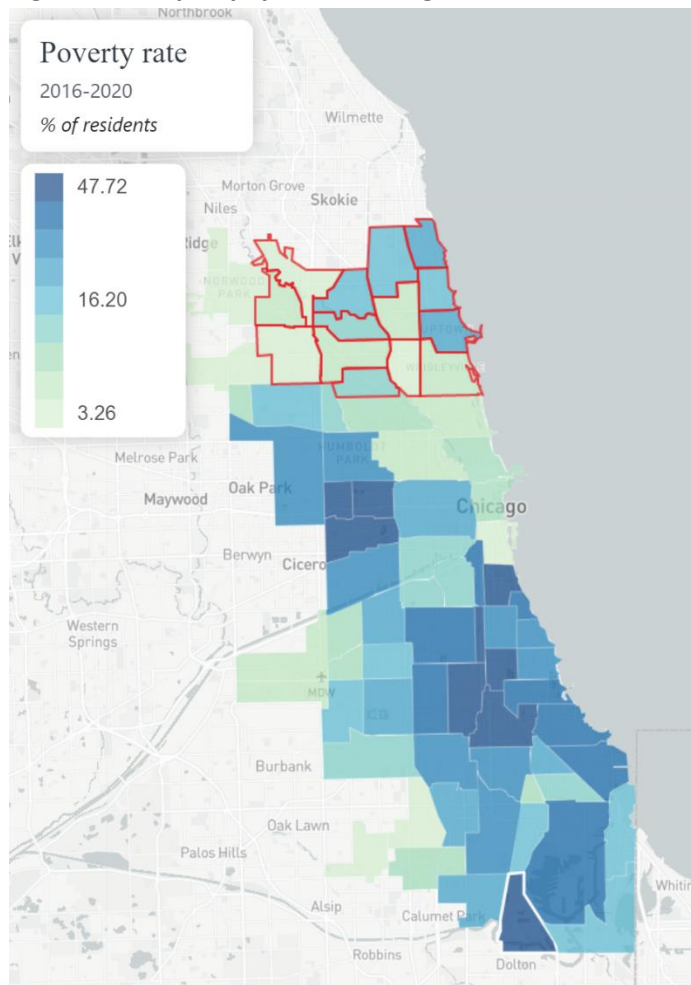
Social and Structural Determinants of Health

Social determinants of health such as poverty, limited access to healthy foods, exposure to violence, limited access to healthcare, and housing conditions are both underlying root causes of chronic disease and are barriers to the management of chronic disease.

Poverty

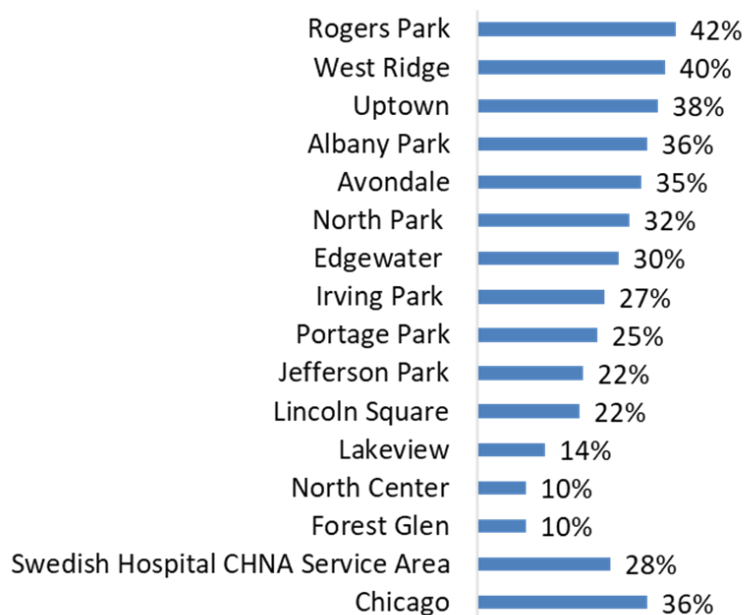
Healthy People 2020 highlights that communities with high rates of poverty are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy. Within Swedish's service area 22% of non-Hispanic Black and 22% of Native American families live below the federal poverty level compared to 14% of Hispanic/Latino and 9% of white community members. A map of the geographic distribution of poverty within the service area is shown in Figure 23. Rogers Park and West Ridge have the highest percentages of households living in deep poverty (below the 200% federal poverty level) compared to a 28% deep poverty rate for the service area overall (Figure 24).

Figure 23. Map of population living below the 100% federal poverty level, Chicago, Illinois



U.S. Census Bureau, American Community Survey, 2016-2020

Figure 24. Percentage of population living below the 200% poverty level in Swedish Hospital's service area

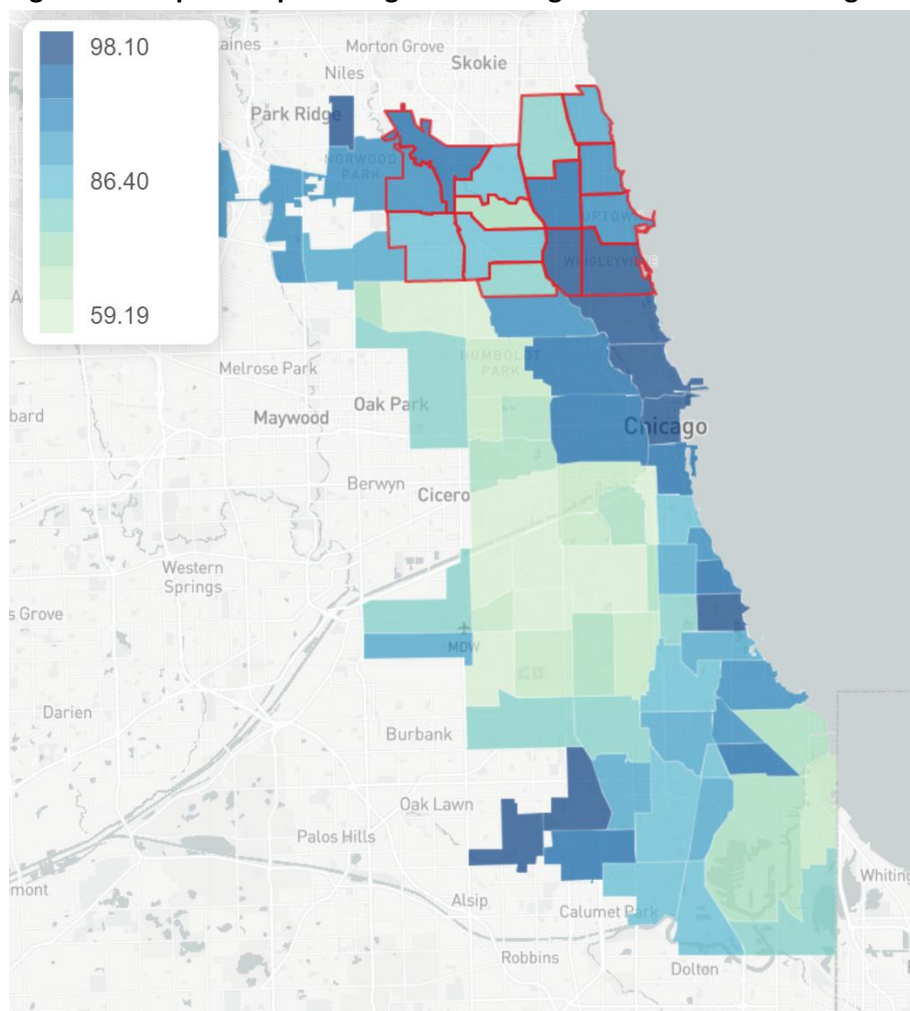


U.S. Census Bureau, American Community Survey, 2016-2020

Education

Education is an important determinant of health because poverty, unemployment, and underemployment are highest among those with lower levels of educational attainment. The high school graduation rate within Swedish's service area is 89% which is comparable to the high school graduation rate for Chicago overall (86%). The percentage of the population aged 25 or older with a high school diploma is presented in Figure 25.

Figure 25. Map of the percentage of adults aged 25 or older with a high school diploma or equivalent, Chicago, Illinois

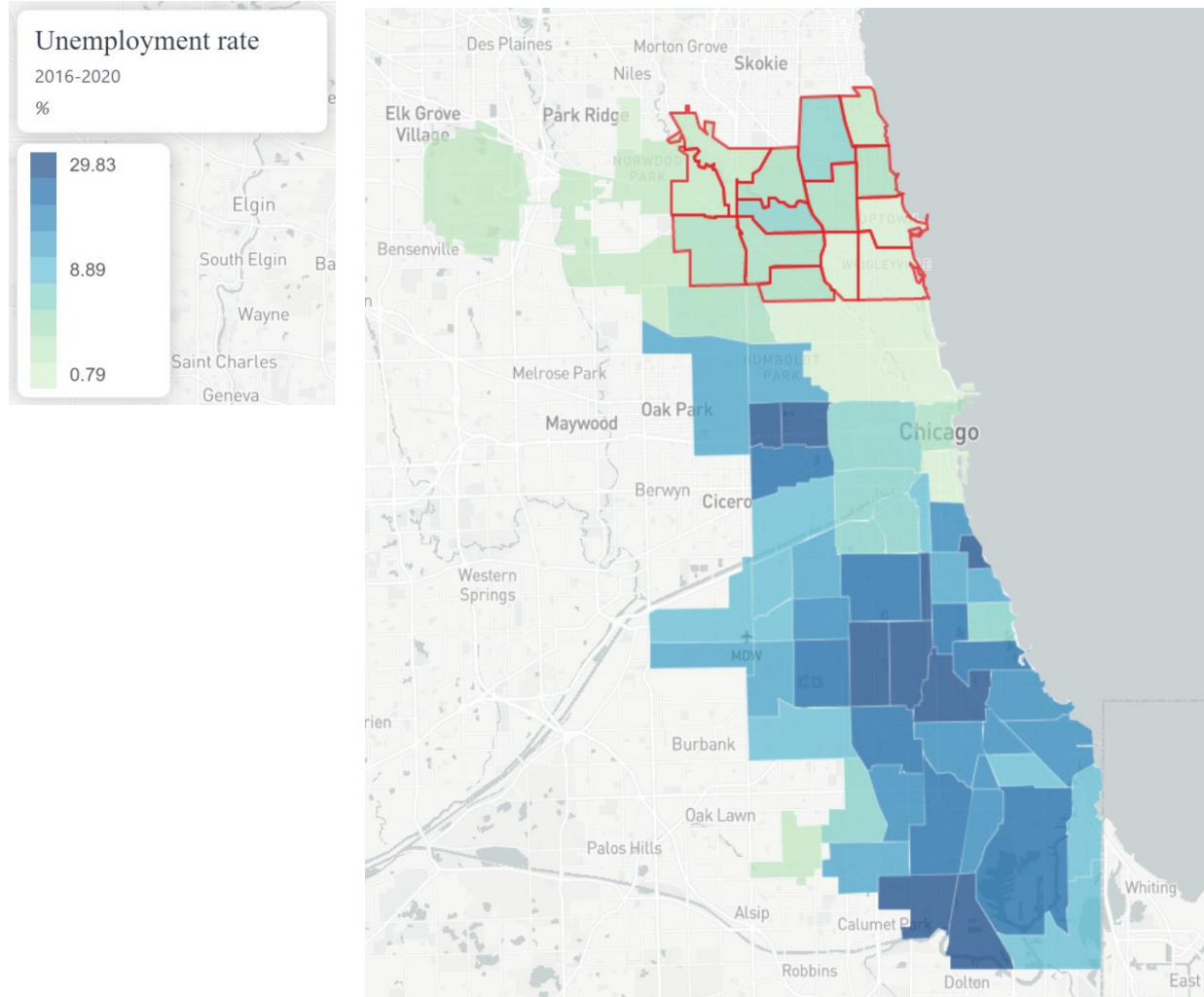


U.S. Census Bureau, American Community Survey, 2016-2020

Unemployment

Unemployment and underemployment can create financial instability, which influences access to health care services, insurance, healthy foods, stable quality housing, and other basic needs. The unemployment rate within Swedish's service area is low (5%) compared to the city overall (8%). However, racial, and ethnic disparities are prevalent with non-Hispanic Blacks and Native Americans having higher than average unemployment rates within the service area. In addition to racial and ethnic differences, there are geographic inequities in unemployment as well (Figure 26).

Figure 26. Map of unemployment rates, Chicago, Illinois

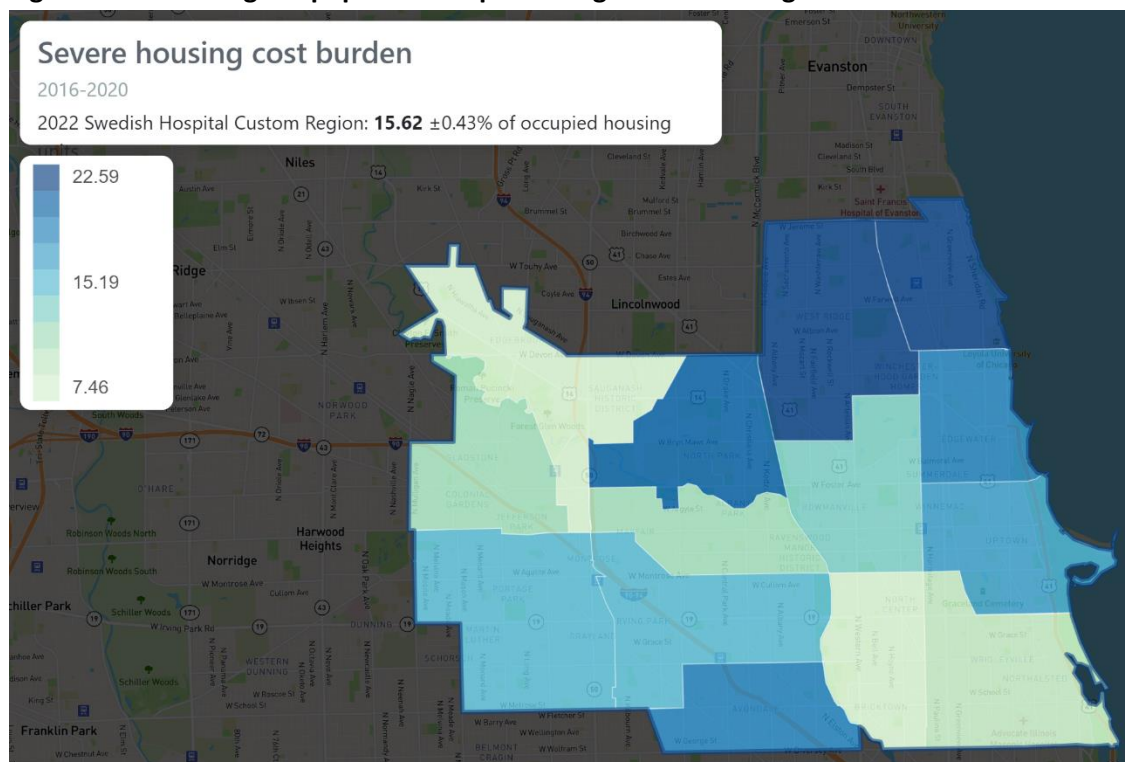


U.S. Census Bureau, American Community Survey, 2016-2020

Housing

Housing can serve as an opportunity for many people in this country, offering a pathway to better health, education, and businesses. However, for some people, housing (or the lack of it) provides a significant path to health inequities that have been sustained for decades due to systemic racism. Seventeen percent of the population within Swedish's service area is severe housing cost burdened, spending more than 50% of their income on housing costs. Rogers Park and West Ridge have the highest rates of severe housing cost burdened population (Figure 27).

Figure 27. Percentage of population experiencing severe housing cost burden in Swedish Hospital's service area

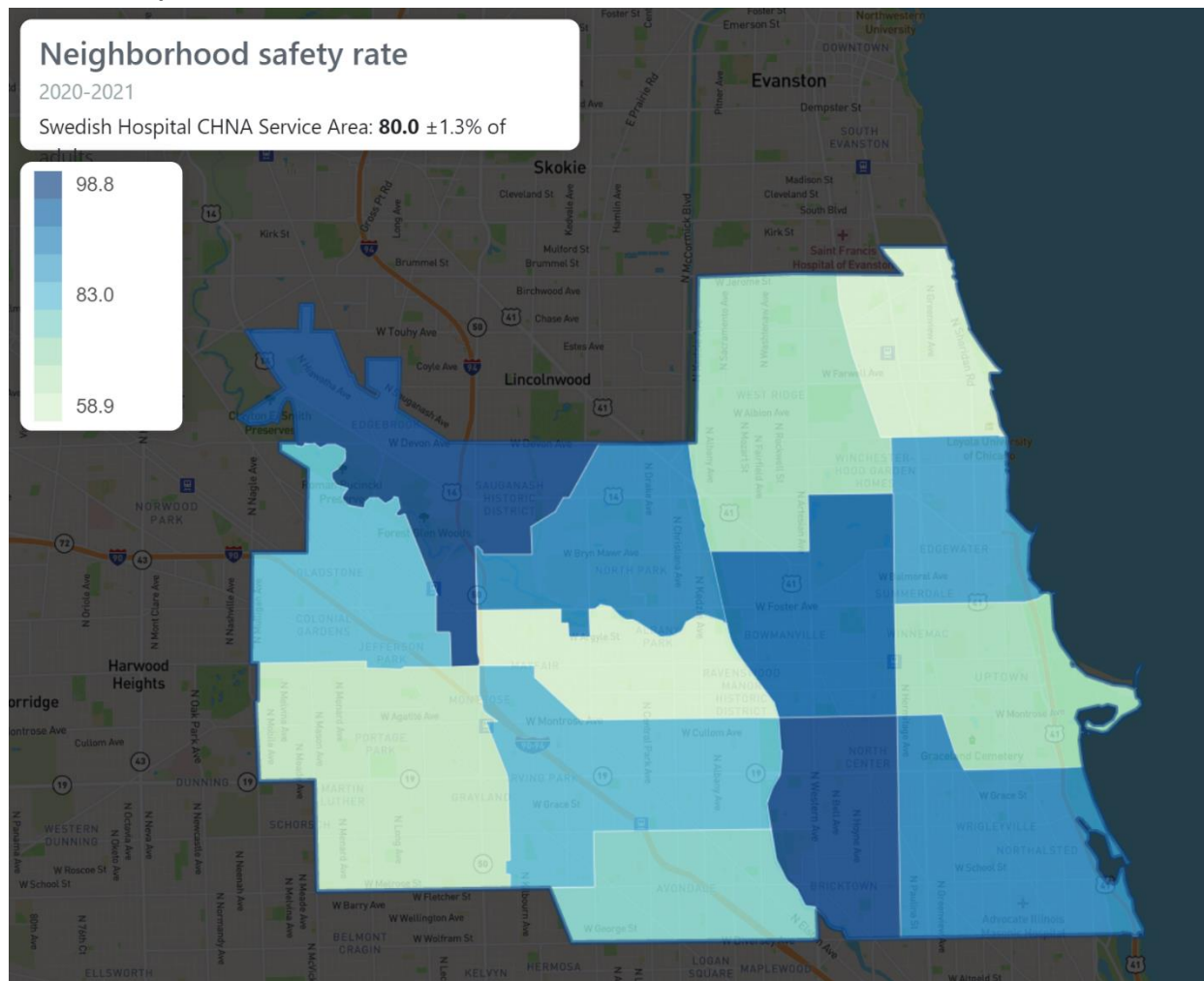


U.S. Census Bureau, American Community Survey, 2016-2020

Community safety and violence

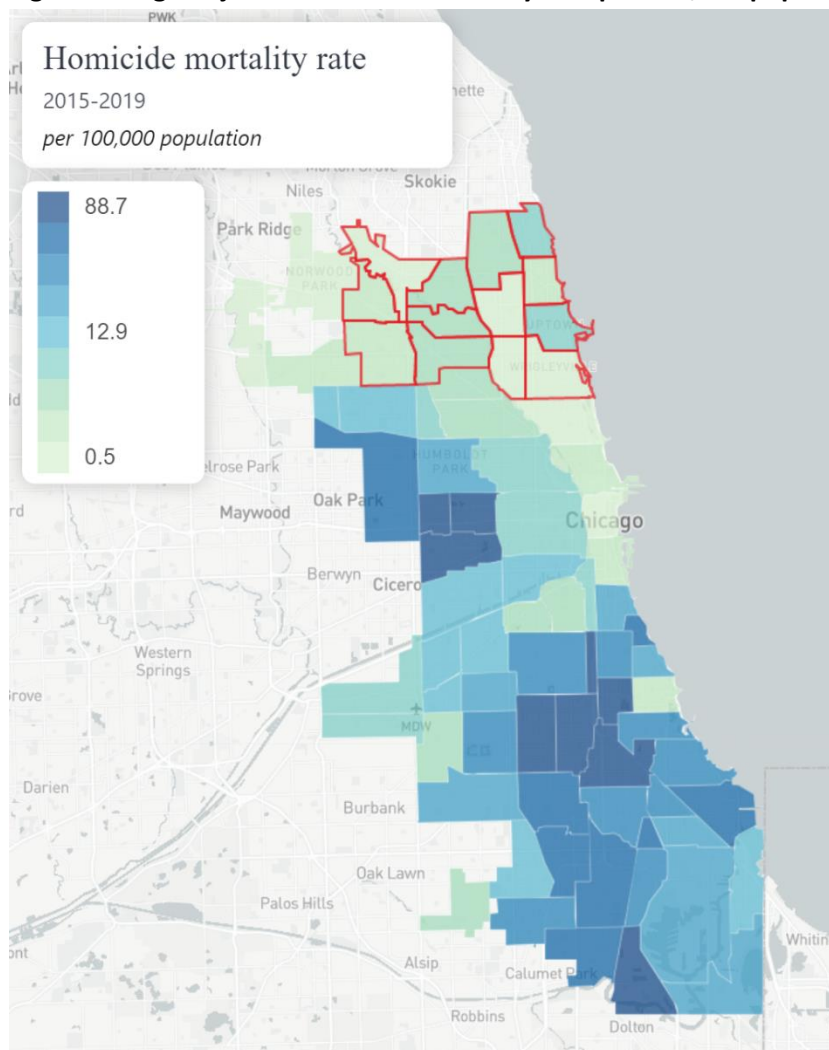
The root causes of community violence are multifaceted but include issues such as the concentration of poverty, education inequities, poor access to health services, mass incarceration, differential policing strategies, and generational trauma. Research has established that exposure to violence has significant impacts on physical and mental well-being. In addition, exposure to violence in childhood has been linked to trauma, toxic stress, and an increased risk of poor health outcomes across the lifespan. Violence also has a negative impact on the socioeconomic conditions within communities that contribute to the widening of disparities. The percent of adults who report that they feel safe in their neighborhood "all of the time" or "most of the time" within Swedish's service area is 80% which is high compared to the city overall (63%) (Figure 28). In addition, the homicide mortality rates within the service area are lower than those found in other regions of the city (Figure 29). However, there are significant disparities between community areas (Figure 28). Populations in the Rogers Park, West Ridge, and Avondale community areas report feeling significantly less safe in their communities compared to the service area overall.

Figure 28. Percentage of adults that report feeling safe in their neighborhood “all of the time” or “most of the time” in Swedish Hospital’s service area



Healthy Chicago Survey, Chicago Department of Public Health, 2020-2021

Figure 29. Age-adjusted homicide mortality rate per 100,000 population, Chicago, Illinois

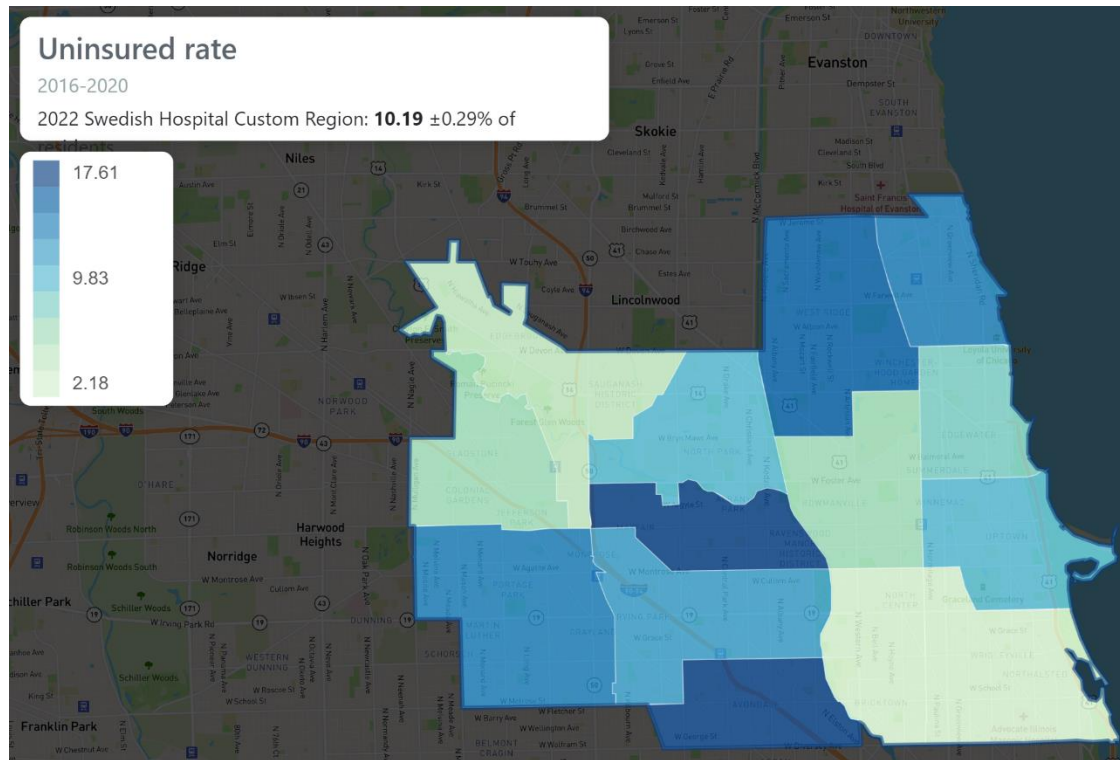


Illinois Department of Public Health, Death Certificate Files 2015-2019

Access to Healthcare

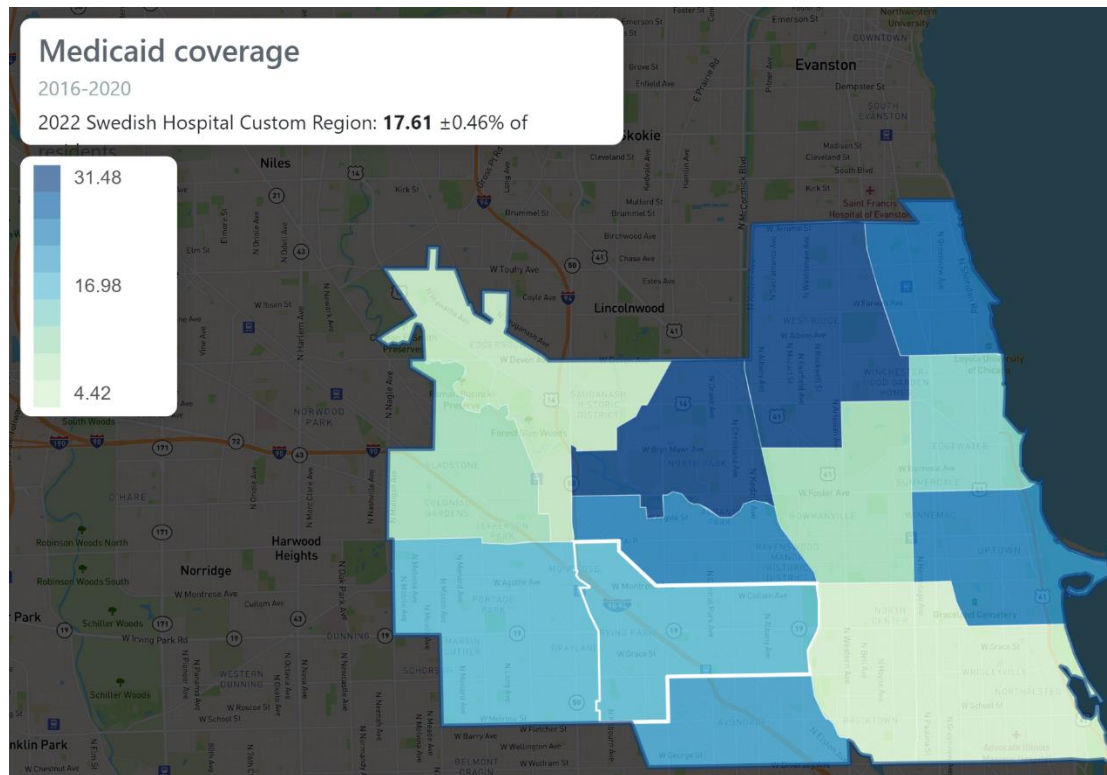
There are several complex factors that influence access to health care including proximity; affordability; availability, convenience, accommodation, and reliability; quality and acceptability; openness and approachability; and cultural responsiveness and appropriateness. Insurance coverage is associated with improved access to health services and better health monitoring. Within Swedish's service area, approximately 10% of the population is uninsured with Albany Park having the highest percentage of uninsured population (18%) followed by Avondale (16%) and West Ridge (14%). Eighteen percent of the population in the service area has Medicaid coverage with West Ridge (32%) and North Park (27%) having the highest rates followed by Rogers Park (25%), Albany Park (24%), Uptown (24%), and Avondale (20%) (Figures 30-31).

Figure 30. Percentage of uninsured adults in Swedish Hospital's service area



U.S. Census Bureau, American Community Survey, 2016-2020

Figure 31. Percentage of population with Medicaid coverage in Swedish Hospital's service area

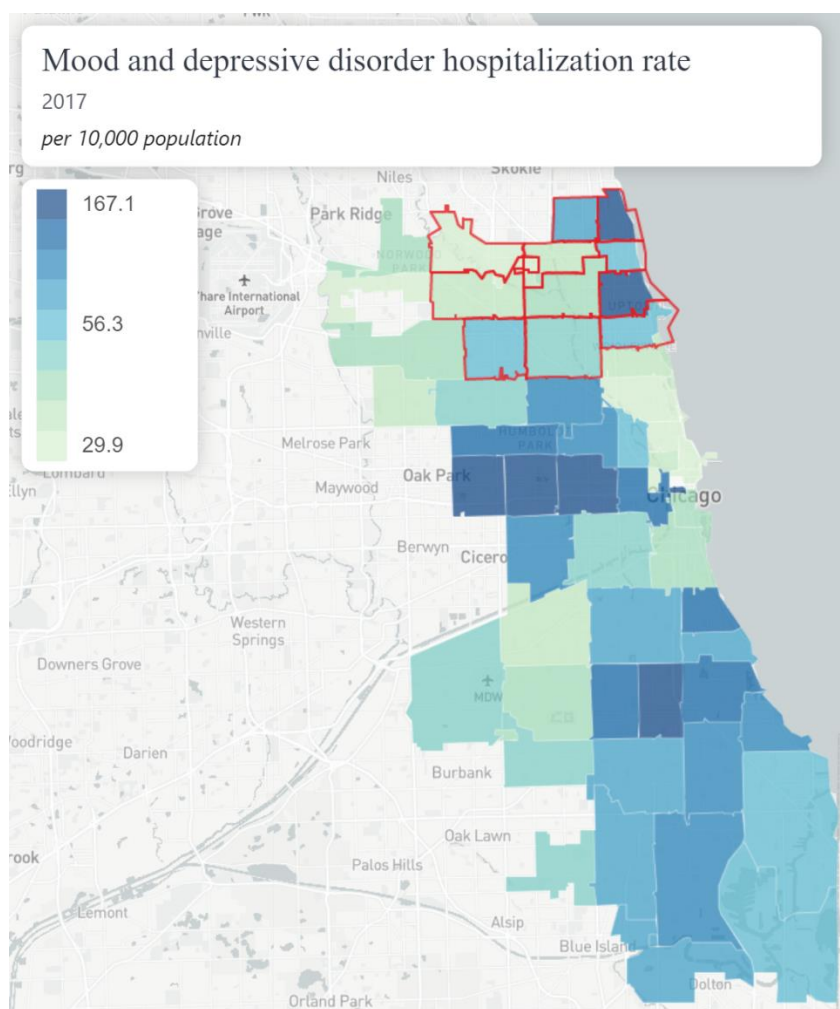


U.S. Census Bureau, American Community Survey, 2016-2020

Mental health and substance use disorders

The World Health Organization states that mental health is an integral and essential component of overall health and wellbeing. Mental health continues to be a top priority for communities in Chicago including those within Swedish's service area. In 2019, 19% of the population in Swedish's service area reported experiencing depression which is comparable to the rates for the city overall. In addition, based on trends from the Healthy Chicago Survey, rates of people experiencing serious psychological distress have been increasing over time. Within the service area, the hospitalization rates for mood and depressive disorder were highest in Rogers Park and Uptown (Figure 32).

Figure 32. Hospitalization rate per 10,000 for mood and depressive disorder, Chicago, Illinois
Chicago Department of Public Health, COMPdata, 2017

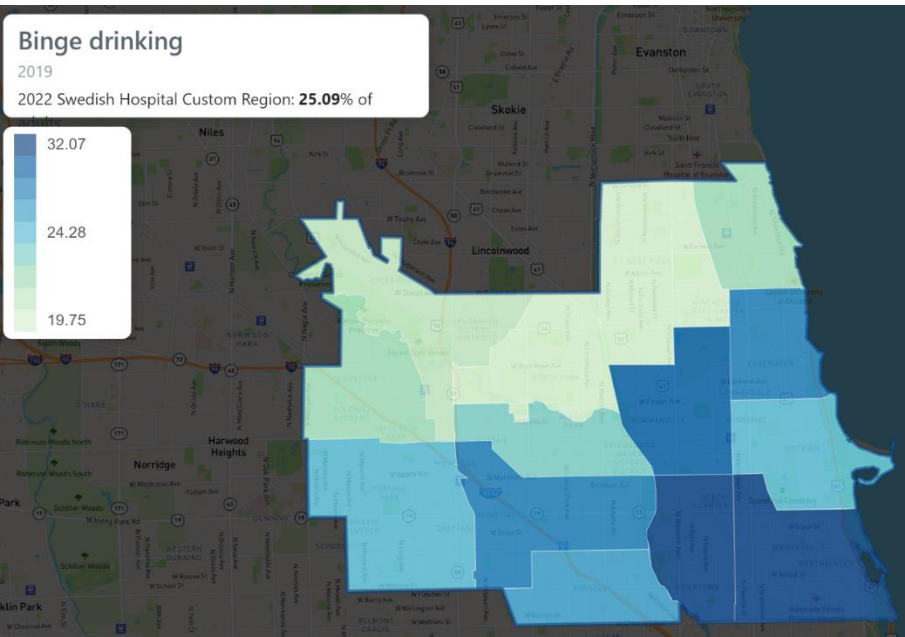


Chicago Department of Public Health, COMPdata, 2017

Substance use disorders

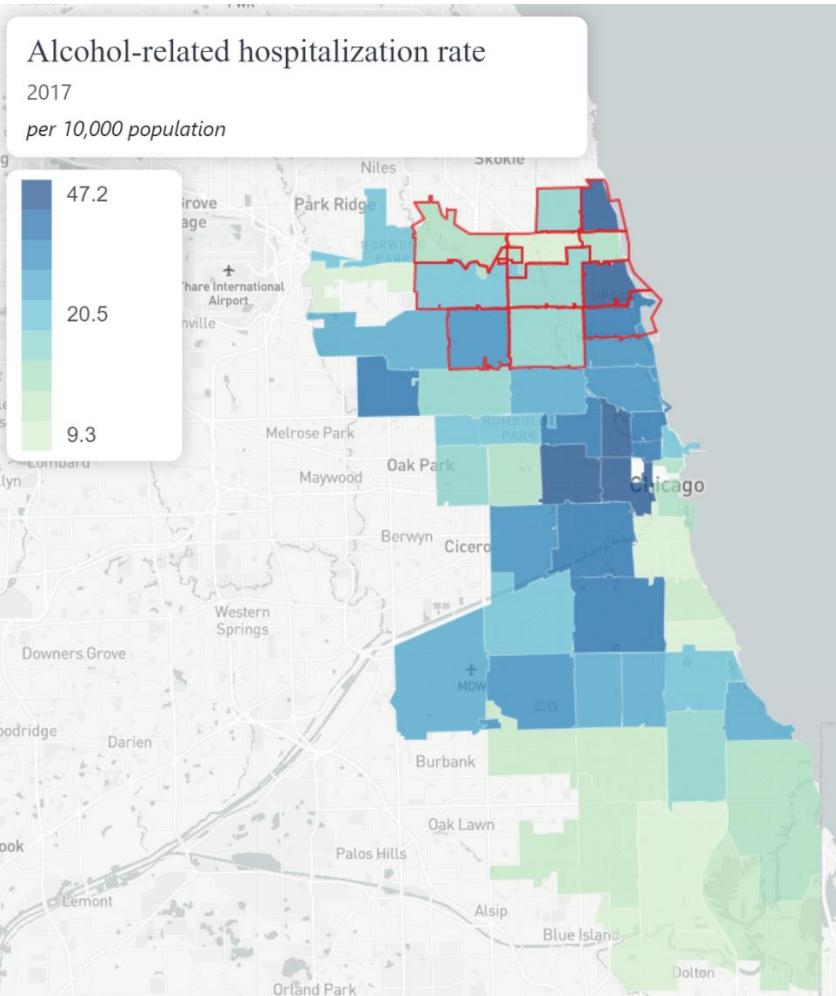
According to the American Psychiatric Association, a substance use disorder is a complex condition in which there is uncontrolled use of a substance despite harmful consequences and day-to-day functioning becomes impaired. Mental Health America estimates that substance abuse affects 25 million Americans directly and an additional 40 million Americans – such as families of drug users or those killed by intoxicated drivers – are impacted indirectly. Within Swedish's service area 25% of adults reported binge drinking in 2019 (Figure 33) and alcohol-related hospitalization rates were highest in Rogers Park and Uptown (Figure 34).

Figure 33. Percentage of adults that reported binge drinking in Swedish Hospital’s service area



Chicago Department of Public Health, Chicago Health Atlas, 2019

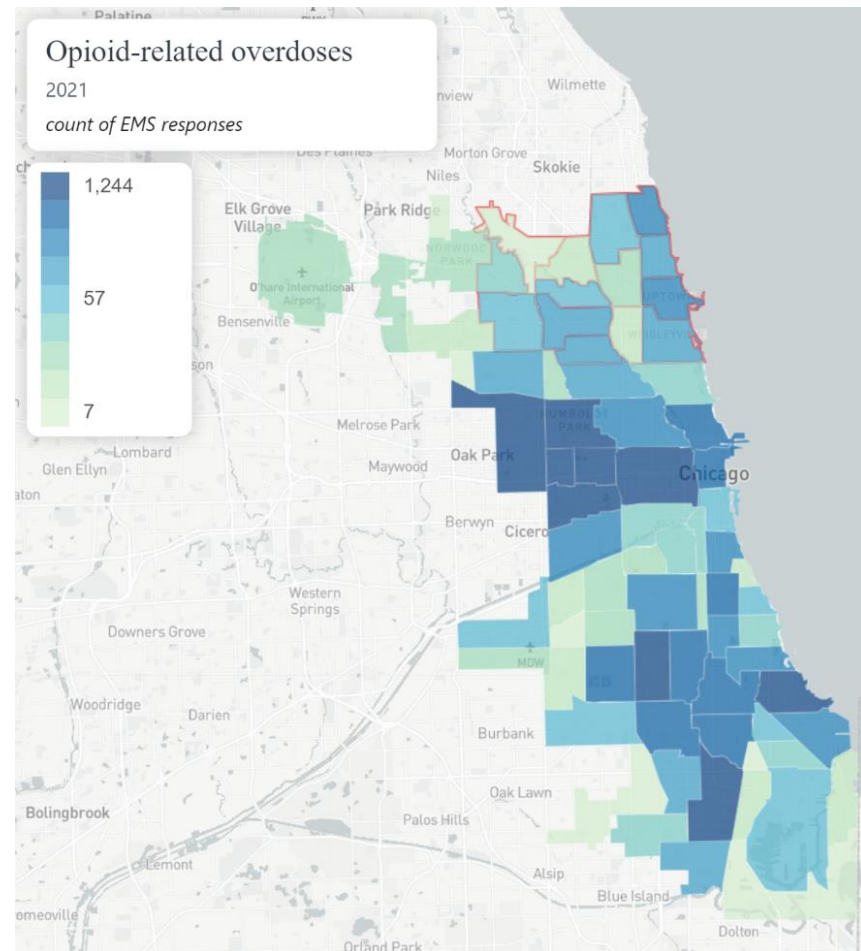
Figure 34. Alcohol-related hospitalization rate per 10,000 population, Chicago, Illinois



Chicago Department of Public Health, COMPdata, 2017

Over the past several years, drug overdoses have steadily increased. In 2020 during the COVID-19 pandemic, the rates of drug overdose deaths hit a historic high in the United States. In addition, there are significant inequities in mortality with non-Hispanic Black people being hit the hardest by drug overdose deaths. Within the Swedish service area, Rogers Park and Uptown have the highest count of EMS calls for opioid overdoses (Figure 35).

Figure 35. Count of EMS responses for opioid overdoses, Chicago, Illinois



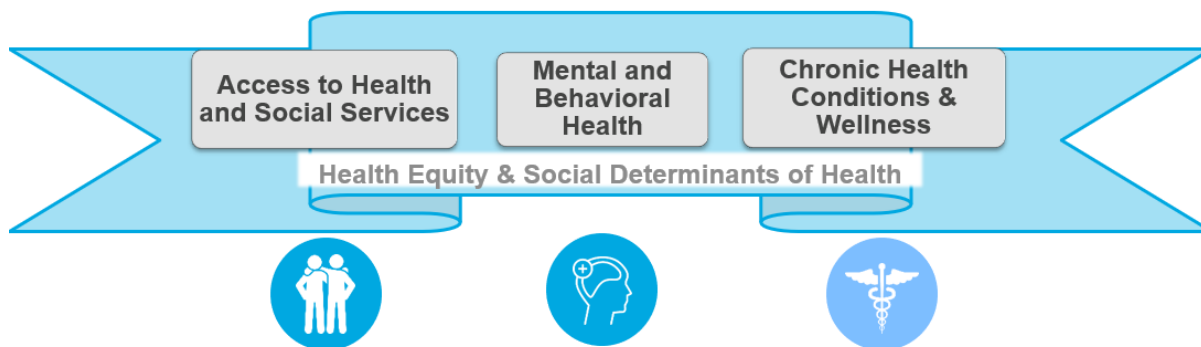
Chicago Department of Public Health, Chicago Health Atlas, 2021

Priority health needs for FY22-24

Based on assessment and analysis of the primary and secondary data compiled for the Swedish Hospital Service Area, Swedish plans to focus on the following needs, **with health equity and social determinants of health woven throughout**:

1. Access to Health and Social Services
2. Mental and Behavioral Health
3. Chronic Health Conditions and Wellness

Figure 36. Swedish Hospital Priority Health Needs



Based on relationships with community partners, clinical expertise, strategic priorities and an ongoing commitment to community engagement, Swedish believes it is best equipped to make an impact in the above priority needs, including focused attention within communities of greatest need. The corresponding Community Health Implementation Plan will describe programs Swedish is undertaking over the coming years to address the prioritized health needs within our community.

Needs identified in previous 2019 CHNA and key supporting activities

Swedish focused on three priority health issues as a result of the previous 2019 CHNA:

1. Addressing Social and Structural Determinants of Health
 - a. Violence, Trauma and Community Safety
 - b. Conditions that Support Healthy Eating and Active Living
 - c. Housing and Neighborhood Environment
2. Addressing Chronic Conditions: Risk Factors, Prevention and Management
 - a. Diabetes
 - b. Heart Disease and Hypertension
 - c. Obesity
 - d. Cancer
3. Improving Mental Health
 - a. Enhancing Access to Resources and Services

It should be noted that the COVID pandemic impacted Swedish's ability to address each of these areas to their fullest extent. Below is a summary of objectives and key implementation programs and activities from 2019-2022.

1a: Addressing Social and Structural Determinants of Health: Violence, Trauma and Community Safety

Objective	Programs/activities which have supported objective
Create a culture of safety and awareness where individuals impacted by violence and abuse	<ul style="list-style-type: none"> More than 275 patients served annually who have been impacted by sexual assault, domestic violence, or human trafficking.

encounter skilled, trauma-informed and compassionate care.	<ul style="list-style-type: none"> • Displayed multi-lingual signage with tear-off cards in public washrooms to discreetly provide resources to access help. More than 500 info cards taken annually. • Sponsored hospital-wide, awareness-raising events on domestic violence, human trafficking, and sexual assault, including a “Start by Believing” event in April and purple ribbon tying event during DV Awareness Month. • Provided extensive de-escalation, trauma, domestic violence, human trafficking and sexual assault training to medical providers, and staff. On average, more than 40 trainings held annually with more than 500 people trained each year. • Provided trauma-informed medical, dental, and mental health services to trauma survivors referred by our domestic violence and human trafficking partner agencies. • Hired a new bi-lingual Pathways Advocate/Counselor to further develop outpatient counseling practice. • Launched a Vanish the Ink program to provide free tattoo removal to human trafficking survivors.
Broaden partnership and engagement within the community around topics of domestic violence, sexual assault and human trafficking to elevate awareness and education.	<ul style="list-style-type: none"> • Contributed to enhanced law enforcement response to domestic violence, human trafficking, and sexual assault through ongoing engagement, multi-disciplinary teams, and task force/committee representation with law enforcement partners, including the Cook County Human Trafficking Task Force Steering Committee and Cook County Sexual Assault Multi-Disciplinary Team Case Review, Steering Committee and Advisory Group. The Pathways Program Director is the Domestic Violence Chair of the Chicago Police Department District #20 Advisory Committee. • Engaged in robust partnerships with local domestic violence, sexual assault, and human trafficking agencies as well as organizations that provide longer-term services in the areas of mental health, housing and employment. Supported partners during pandemic including serving as a peer support group and providing vaccines to sexual assault advocates to ensure a swift return to in-person sexual assault response. • Convened a quarterly work group of community partners and internal champions to coordinate and strengthen our responses to domestic violence, human trafficking, and sexual assault. New partners during this through the Office of Victims of Crime grant included Sarah’s Circle, the YWCA of Evanston, the Hana Center and the Jane Addams Resource Center.
Serve as thought leader and mentor to health professionals and institutions in an effort to build broad health care capacity and awareness around topics of violence, sexual assault and human trafficking.	<ul style="list-style-type: none"> • The Pathways program continues to lead innovative approaches to addressing health care capacity around violence, SA and HT, and is looked to as a leader regionally and beyond. NorthShore University HealthSystem is in the process of implementing a similar model within their legacy hospitals.

1b: Addressing Social and Structural Determinants of Health: Conditions that Support Healthy Eating and Active Living

Objective	Programs/activities which have supported objective
Develop and implement one or more pilot programs to better identify food insecurity and increase food access for vulnerable inpatient and/or outpatient populations	<ul style="list-style-type: none"> • Swedish Hospital’s Food Connections Program was launched, with a focus on four areas: 1) Raising awareness of food insecurity as a health issue among Swedish staff, 2) Implementing the Hunger Vital Sign™ food insecurity screening questions, 3) Food access interventions including Food Package at Discharge Program, Veggies for Health 8 week nutrition class, and the Cupboard Swedish’s onsite no-questions-asked pantry and 4) Building relationships with community partners including Lakeview Pantry, Common Pantry, the Friendship Center and more.
Educate the community about the importance of healthy eating and	<ul style="list-style-type: none"> • Swedish hosted or participated in dozens of community events to promote healthy lifestyles. One key initiative included bike safety tips and free helmet

physical activity via free special events and programs	<p>giveaways/fittings in partnership with Chicago's SAFE Ambassador Program at area farmer's markets and community resource events.</p> <ul style="list-style-type: none"> GLC, Swedish's medical fitness facility, is a key partner in fitness and wellness programming. In addition to signature programs like Fundamental Fitness, they offer an array of programs, including free programs throughout the year such as National Senior Health and Fitness Day. During the first few months of COVID, GLC provided free online fitness classes for several months to anyone in the community.
Explore external funding opportunities to enhance offerings related to this priority area at Swedish Hospital	<ul style="list-style-type: none"> The Swedish Hospital Foundation has supported this priority area via ongoing financial support of the Food Connections Program.
Research best practices for innovative ways Swedish Hospital may enhance programs to support healthy eating, food access and physical activity	<ul style="list-style-type: none"> Swedish continues to explore best practices and ways to enhance programs, in collaboration with GLC, community partners and other stakeholders. While COVID has limited the resources and time available, we will continue focusing on these important aspects of wellness.

1c: Addressing Social and Structural Determinants of Health: Housing and the Neighborhood Environment

Objective	Programs/activities which have supported objective
Raise awareness among healthcare team about homelessness being a risk factor to health	<ul style="list-style-type: none"> Swedish remains committed to identifying, housing, and providing support services to homeless individuals in our area. Ongoing updates about the program are sent to all employees to keep them informed and encourage their ongoing engagement. Swedish currently partners with Lutheran Social Services of Illinois (LSSI), to reduce hospital visits and improve the well-being of the homeless by providing permanent housing and support services.
Share housing options and resources with healthcare team	<ul style="list-style-type: none"> The ED Director of Nursing and staff continue to remain engaged in the process of identifying homeless patients who need assistance with food, shelter, and clothing.
Secure funding for supportive housing, and develop agreements with local agencies who provide supportive housing, as well as explore future opportunities for collaboration	<ul style="list-style-type: none"> Swedish Hospital Foundation provides funding to support housing program, through partnership with LSSI. Swedish invests time mentoring relationships with LSSI and other outside agencies, including meetings with the Alliance for Health Equity Housing Committee.
Identify frequent users of Swedish Hospital's Emergency Department who are homeless or do not have stable housing	<ul style="list-style-type: none"> The ED team is very sensitive to housing needs of patients and how much it relates to their health. Information is shared with the ED Director of Nursing. Though patients are reluctant to assistance with housing, repeat visits allow staff to gain the trust of this population by providing small items to meet their needs like jackets, personal hygiene items and food.
Connect individuals with housing partners and appropriate wraparound services from community partners	<ul style="list-style-type: none"> Swedish ED physicians and medical staff provide extensive case management services to connect individuals with appropriate medical services within Swedish Medical Group and beyond. In addition to LSSI, Swedish maintains ongoing relationships with Heartland Alliance and other community-based organizations to connect patients in need with appropriate support services.

2a: Addressing Chronic Conditions: Risk Factors, Prevention and Management - DIABETES

Objective	Programs/activities which have supported objective
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Provide free support groups and education sessions for ongoing diabetes lifestyle management	<ul style="list-style-type: none"> • Ongoing efforts to provide comprehensive diabetes education, resources and support via the ADA accredited self-management program • 1-1 support provided via physician referral • Uninsured or underinsured community members were encouraged to attend free monthly offerings via the Nutrition and Diabetes Center. Participants share experiences and learn tips about healthy living. • Due to COVID, some support groups and Get Educated sessions were offered virtually.
Embed/streamline process for monitoring and managing diabetic patients and providing appropriate referrals to diabetes resources, including the Nutrition and Diabetes Center (NDC)	<ul style="list-style-type: none"> • New Nutrition Department role, Nutrition Care Coordinator, connects with diabetic patients during acute admission and assists in nutrition transitions of care. • Outpatient referrals in Epic are being updated to point patients more directly to the NDC for education. • Working to embed process for increasing screening and monitoring rates of diabetic patients within new EPIC system. • Presentation at All-Providers meeting in FY21 to raise awareness and educate physicians about = range of services available in the NDC.
Deliver programs to promote community education and awareness of diabetes	<ul style="list-style-type: none"> • Limited due to COVID, increased outreach and education provided to community in FY22 via Smoothie Bike interaction and other educational resources
Explore ways to enhance access to certified diabetes educators via community partnerships and collaborations	<ul style="list-style-type: none"> • Funding received from American Hospital Association and BCBSIL to support diabetes education for low-income racially diverse patients and community members through May 2021. Health disparity grant provided free individual diabetes education to uninsured/underinsured ethnic minorities in the Swedish Hospital community. Multilingual fliers were created for partnering organizations to assist in referring patients into this free service. • Funding received from G.A. Ackermann Memorial Fund to provide providing nutrition and diabetes education to uninsured or underinsured patients and community members in FY22. Through this grant, physical fitness classes, food access resources and transportation assistance are included.
Research best practices for innovative ways Swedish Hospital may enhance diabetes outreach, education and/or support	<ul style="list-style-type: none"> • As part of the Transformation Program and Northside Health Care Collaborative, a Certified Diabetes Care and Education Specialist from Swedish will soon provide services in Federally Qualified Health Centers (FQHCs). • Department continually explores ways to provide additional community-facing education and programming to improve nutrition-related health literacy in our service area.

2b: Addressing Chronic Conditions: Risk Factors, Prevention and Management – HEART DISEASE & HYPERTENSION

Objective	Programs/activities which have supported objective
Provide community outreach, education and screening related to heart disease and stroke risk factors, warning signs and how to respond in an emergency	<ul style="list-style-type: none"> • Due to COVID, the ability to provide education and outreach in this area has been significantly limited. • Bystander CPR/AED community training was offered on a very limited basis due to COVID. • Free educational programs hosted both on and off campus to raise awareness about risks and prevention of heart disease and stroke, presented by expert physicians or other clinicians.
Engage with Swedish Transitional Care Team, Wellness Coaches and Rehab Team to provide support and education during and after discharge	<ul style="list-style-type: none"> • Due to COVID, the ability to provide education and outreach in this area has been significantly limited. • Robust, certified cardiac and pulmonary rehab programs continue, utilizing a team approach with nurses, exercise physiologists, nutritionists and cardiologists develop personalized plans for each patient. • Those transitioning out of cardiac rehab have an opportunity to continue on with various fitness/nutrition programs facilitated by Cardiac Rehab staff and GLC

	staff, including the Medical Fitness Program (Cardiac Rehab Phase 3) and Fundamental Fitness.
Research best practices for innovative ways Swedish Hospital may enhance programs to address risk factors, prevention and management of heart disease and hypertension	<ul style="list-style-type: none"> In FY20, the hospital established a COVID Rehabilitation pilot program within the cardiac rehab department, supported by a donation from the hospital's Foundation. In FY21, the program supported 460 visits with more than \$55,000 in funding.

2c: Addressing Chronic Conditions: Risk Factors, Prevention and Management – OBESITY

Objective	Programs/activities which have supported objective
Provide robust programs and services via Galter LifeCenter (GLC) which support individuals who aim to prevent or manage obesity	<ul style="list-style-type: none"> To help support community members in their mental and physical well-being, GLC offered more than 100 free virtual fitness classes at the onset of the COVID pandemic. Fundamental Fitness and Eat, Move, Lose supported individuals on a weight loss journey and to embark on a new fitness/lifestyle program. The hospital continued to support the community gardening movement by hosting an edible community garden on campus for both employees and general community members, in partnership with Peterson Garden Project.
Provide limited number of GLC membership scholarships to community members in need	<ul style="list-style-type: none"> Approximately 80 members annually received GLC scholarships, which provided discounted membership for individuals experiencing both financial and medical need, via an application process. Scholarship Members received a \$51 discount (\$86-\$35) on the full membership, which totaled more than \$48,000 in discounts provided by GLC annually.
Engage community in annual large-scale wellness/healthy lifestyle event, featuring leadership from GLC and Swedish Hospital along with other community partners	<ul style="list-style-type: none"> This large on-campus event was postponed due to COVID and social distancing requirements. Due to lack of resources, we were not able to offer an alternative option.
Train and mentor future exercise science specialists via ongoing collaborations with local universities	<ul style="list-style-type: none"> GLC hosted interns from North Park University's Exercise Science program, UIC and others. Interns assisted with our hybrid class platform, member challenges, and our Fundamental Fitness and Eat/Move/Lose programs.

2d: Addressing Chronic Conditions: Risk Factors, Prevention and Management - CANCER

Objective	Programs/activities which have supported objective
Provide free and reduced cost screening and diagnostic breast health services to those in need via charity care and grant-funded programs.	<ul style="list-style-type: none"> Robust, ongoing partnerships and grant support via The National Breast Cancer Foundation, Susan G. Komen Chicagoland and A Silver Lining to support breast cancer detection, treatment, and survivorship. More than 1,100 no-charge cancer detection services provided annually to more than 850 uninsured or underinsured low-income women, many of whom are new immigrants facing numerous barriers and challenges. Robust support for breast cancer survivors through the Integrated Cancer Care Program (ICCP), including support groups, integrative therapies (massage, acupuncture, etc.), fitness programming, nutrition counseling, and other services, free of charge.

Enhance cancer treatment by complementing standard care with psychosocial and other supports via the Integrated Cancer Care Program.	<ul style="list-style-type: none"> • Key partnership with GLC to connect cancer survivors with integrative therapies/services that support healing and overall health, including massage therapy, acupuncture fitness groups and meditation/relaxation classes. Swedish provided cancer survivors with access to the offerings at no charge to the patient. • Swedish Hospital Foundation provided more than \$56,000 in funding to support cancer survivorship in FY21.
Raise awareness among healthcare providers and community members regarding age-appropriate screenings and vaccinations (ex. colorectal, breast, prostate, lung, HPV vaccinations) via outreach and education events.	<ul style="list-style-type: none"> • Skin cancer screenings provided 1-2 times annually • Smoking Cessation Programs (8-week comprehensive session) provided 2-4 times annually • Annual Korean Health Fair hosted at Swedish in partnership with HANA Center. Services include lab work, mammography, cervical cancer screening, and primary/specialty care (significant discounts provided). The Annual Korean Health Fair resumed in 2022 after being postponed due to COVID.

3: Improving Mental Health – Enhancing Access to Resources and Services

Objective	Programs/activities which have supported objective
Continue and enhance robust partnership with Lutheran Social Services of Illinois, via inpatient acute access and outpatient access on-campus (Project Impact, Welcoming Center and Mobile Crisis Team)	<ul style="list-style-type: none"> • Swedish Hospital continues to have a strong and robust partnership with Lutheran Social Services (LSSI), within the ED (Project IMPACT), through LSSI's outpatient setting (The Welcoming Center) on the hospital's campus and through the LSSI Mobile Crisis Team. • One enhancement to the hospital's ongoing LSSI partnership includes access within the Swedish Emergency Department for patients who are need of medical stabilization for substance or alcohol abuse. • Successful partnership with LSSI's Welcoming Center allows individuals access to appropriate levels of care for non-emergent treatments, helping to reduce inappropriate use of the ED. • LSSI's Mobile Crisis Team deploys Crisis Counselors to help an individual who is experiencing a behavioral health crisis. Crisis Counselors will help de-escalate a client, assess for follow-up treatment, and help create a crisis plan. Available 24/7 for children, adolescents, and adults experiencing a crisis on the North/Northwest side of Chicago.
Evaluate pilot program within Swedish Medical Group (SMG), featuring behavioral health integration within primary care setting to provide more comprehensive health to SMG patients.	<ul style="list-style-type: none"> • Established an integrated, team-based approach to create improved access to behavioral health providers, within the primary care setting. Clinical psychologist, co-located among four, physically and operationally connected practices that included sixteen primary care providers. The collaborative team developed processes for referrals, warm handoffs, electronic health record integration and more. • Thus far from pilot, significantly improved access to behavioral health services and resources, elevated levels of provider and patient buy-in, and high provider and patient satisfaction ratings. Program has created a more streamlined approach to ensure patients are successfully connected to behavioral health services.
Educate the community about mental health and access to resources via free special events and programs, along with ongoing communication between Swedish Hospital and community organizations, including local social service agencies	<ul style="list-style-type: none"> • Free weekly new moms' group is offered to support new mothers in community (transitioned to virtual) • Online assessment tools offer depression and anxiety assessment. • Free counseling services provided to uninsured or underinsured women through Swedish Hospital Foundation's Women's Care Fund. More than \$20,000 in counseling sessions provided in FY21. • Free programs offered in partnership with local schools and other groups to address COVID, anxiety and isolation.
Enhance child and adolescent behavioral mental health offerings available to the community via LSSI robust on-campus partnership,	<ul style="list-style-type: none"> • Child and Adolescent mental health services are accessible via the Welcoming Center and LSSI's Mobile Crisis Team, to create more streamlined care and access for patients who may present in our Emergency Department initially.

expanding options beyond merely admitting vs. discharging a patient	
Raise community awareness regarding resources available via GLC which support mental health	<ul style="list-style-type: none"> GLC offered mindfulness-based meditation practices (mental exercises shown to have numerous benefits for mental and physical health and wellbeing, strengthening the mind's ability to respond wisely rather than react habitually to thoughts, emotions, physiological experiences and more.
Research best practices for innovative ways Swedish Hospital may enhance programs to support enhancing access to mental health resources and services	<ul style="list-style-type: none"> Due to COVID, progress on this was delayed. LSSI, Swedish Hospital and Erie are discussing ways to collaborate on the creation of a mental health and medical services directory to insure appropriate, streamlined access for community members in need. Exploring a pilot project in collaboration with the City of Chicago to address behavioral mental health via CFD/CPD Diversion. Pre-COVID, LSSI was chosen by the city to be the provider on the north side. Currently awaiting further connection and alignment on process and flow.

Conclusion

Swedish Hospital values the community health needs assessment process as an opportunity to engage with community leaders and organizations and with our colleagues from other healthcare institutions across the County through the Alliance for Health Equity. In partnership with communities, the Chicago Department of Public Health, the Illinois Public Health Institute, and the Alliance for Health Equity, we have taken an in-depth look at the needs and assets in the communities we serve, and we are committed to addressing those needs through implementation strategies in partnership with communities most impacted by health inequities. We undertake this collaborative, collective impact approach to community health needs assessment and implementation in order to address the underlying root causes of health disparities and to support greater community health and well-being in the communities we serve. Swedish Hospital makes the Community Health Needs Assessment available at SwedishCovenant.org/community-benefit. It is also shared broadly with internal and external stakeholders, including employees, volunteers, physicians, elected officials and members of our community, including the Community Leader Engagement Program.

Please send feedback on this Community Health Needs Assessment to the following address:

Swedish Hospital
Attn: Community Relations
5145 N. California Ave.
Chicago, IL 60625

Alternatively, you may fill out our [online form](#) to provide feedback about the CHNA or its related Implementation Strategy.

This plan has been reviewed and approved by the Board of Directors of Swedish Hospital in 2022.

To access the full collaborative Community Health Needs Assessment for Chicago and Suburban Cook Counties, please visit: <https://allhealthequity.org/projects/2022-chna-report/>